Rhinoplasty/Septorhinoplasty

Rhinoplasty or septorhinoplasty **WILL NOT** be routinely funded

Funding for rhinoplasty/septorhinoplasty **MAY BE** considered where the following criteria are met:

- When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate; **OR**
- To correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect; **OR**

When **ALL** of the following criteria are met:

- Airway obstruction which **WILL NOT** respond to septoplasty and turbinectomy alone AND
- Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing) AND
- Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy AND
- Photos demonstrate an external nasal deformity AND
- There is an average 50% or greater obstruction of nostrils (e.g. 50% obstruction of both nostrils; or 75% one nostril and 25% of other; or 100% obstruction of one nostril), documented by endoscopy, CT scan or other appropriate imaging modality

Prior authorisation for patients who are considered to meet the criteria above **MUST BE** obtained by their consultant before the patient is offered surgery/added to the waiting list.

Prior authorisation requests for rhinoplasty/septorhinoplasty to improve appearance **WILL NOT** be considered. GPs should only refer for consultant opinion patients **WHO HAVE** obstructive symptoms requiring assessment/management. Patients seeking an improvement in cosmetic appearance **SHOULD NOT** be referred to secondary care.

Prior authorisation requests from appropriate ENT consultants **WILL BE** considered where the request makes clear, in writing, how the relevant criteria above are met.
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<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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| Comment              | Interventions intended to improve appearance are not a priority for DHSC funding and therefore rhinoplasty/septorhinoplasty for cosmetic purposes will not be funded. There is a lack of high quality studies indicating the effects of rhinoplasty or septo-rhinoplasty on nasal obstruction. Evidence of effectiveness is limited to case series. Use for this indication is supported by clinical consensus. 
There is a lack of evidence of cost effectiveness. |

**Summary of evidence**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5109384/

AETNA Policy No: 0005, Septoplasty and Rhinoplasty, March 2017
http://www.aetna.com/cpb/medical/data/1_99/0005.html

Thames Valley Priorities Committee Commissioning Policy Statement TVP16, Aesthetic Treatments for Adults and Children, September 2016

NHS Vale of York Clinical Commissioning Group, Rhinoplasty Commissioning Statement, Commissioning Statement Number 38, September 2016

**Reason for requesting a policy recommendation:**

Reviewed as part of the Effective Use of Resources project.

Where a patient is considered to have exceptional need for and capacity to benefit from a
treatment that is not routinely funded, a request for individual funding may be made to the
Individual Funding Requests Panel. The patient must be made aware that the Panel may not
support the request and must not be given any expectation that they will be able to have the
treatment until a decision to fund has been received in writing from the Panel.

For further information contact:

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