Commissioning Policy
Individual Funding Request

Non Cosmetic Nasal Treatment for All Ages

Prior Approval Policy

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## Document Control

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<td>1718.1.01</td>
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Non Cosmetic Nasal Treatment for All Ages

Policy Statement & Date of Adoption: 19 April 2017

Assessment for Non Cosmetic Nasal Treatment is not routinely funded by the CCG and is subject to this restricted policy.

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients seeking Nasal Surgery or even an opinion on managing patients with Nasal Symptoms conversant with Nasal Conditions.
2. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient’s expectation of treatment. Also, when patients who do not qualify for treatment are being seen in secondary care, this increases waiting times for patients who have received funding approval
3. Prescribing of Steroids to treat Nasal Conditions should be carried out in line with the BNSSG Joint Formulary Group guidelines. 
4. In line with the published document “Guidance - Who Applies for Funding?”, where referrals to secondary care are accepted without funding approval having been secured, responsibility for securing funding approval will fall to secondary care.
5. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that patients meet the criteria to access treatment in this policy.
6. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.
7. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is
demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.

8. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.

9. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

10. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

11. The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate. Where it is subsequently confirmed that a suspect malignancy is benign, funding approval will be required before further treatment or surgery is offered and provided to patients.

12. Patients are eligible for Manipulation under Anaesthetic (MAU) immediately post-Trauma without funding approval being required. Failure to engage with this treatment within the recommended period post-trauma (usually within 2 weeks of the injury) or dissatisfaction with the outcome of the MAU is unlikely to be considered exceptional.

Background

Scope of this Policy

This policy covers all Non Cosmetic Nasal Procedures including diagnostics, treatment and surgery.

Not covered within this policy

- Any Cosmetic requests for the improvement of the external nose should be considered under the Cosmetic Surgery application.
- Any requests in relation to patients who have confirmed deviated septum and are unable to use CPAP for diagnosed OSA, require referral from a Respiratory Consultant through the CPAP Policy confirming that nasal surgery will resolve a patient’s inability to use CPAP. Please apply using the IFR Application.

Nasal Conditions

Nasal Congestion is the blockage of the nasal passages usually due to membranes lining the nose becoming swollen due to inflammation. This is also known as having a blocked nose. This can be caused by allergies or the common cold.
Nasal Congestion can also result from having an obstruction to the airflow due to a deviated septum. This deviation can cause restrictions on either side (unilateral) or both sides (bilateral) of the nose.

Having a deviated septum is a physical change in the nose cavity which can narrow the nostrils.

Most people have a degree of deviation in their nose and do not require any treatment; however those who develop Nasal Obstruction as a result of a congenital condition or following a traumatic impact on the nose may require treatment to improve airflow.

Snoring is a common complaint amongst those with a degree of Nasal Obstruction / Deviated Septum. In isolation, snoring is not a reason to have surgical treatment to correct the deviation. Nasal correction strips may be used and can be beneficial to reduce Snoring without the need for Surgical Treatment.

Surgical correction of a Deviated Septum is known as Septoplasty. This procedure is carried out within the nose and alone is not aimed at changing the cosmetic appearance of the nose externally.

**Septorhinoplasty**

On some occasions the Septum is deviated to such a degree that surgical treatment to correct it will also need to correct the external appearance of the nose and this procedure is called a Septorhinoplasty.

A “nose job” commonly refers to the cosmetic correction of the look of the nose and this procedure is called a Rhinoplasty. Some people may have “bumps” on the bridge of their nose and these bumps may impact their comfort, whilst wearing glasses for example. This is considered a Cosmetic request and outside the remit of this policy.

**Nasal Polyps**

Nasal polyps are common, benign, swellings of the lining of the nose. In some people they may cause no symptoms, but in others they may lead to nasal obstruction, rhinorrhea (nasal discharge), facial pressure and anosmia (loss of sense of smell). The incidence of symptomatic nasal polyps increases with age and they are more common in men than in women. The cause of nasal polyps is not fully understood but they may be associated with chronic (long-term) inflammation of the lining of the nose (termed 'chronic rhinosinusitis with nasal polyps').

Chronic rhinosinusitis with nasal polyps can be treated medically, for example with drugs such as topical (intranasal) steroid sprays, or with surgery, for example a nasal polypectomy with or without endoscopic sinus surgery (ESS). The evidence relating to the effectiveness of different
types of surgery versus medical treatment for adults with chronic rhinosinusitis with nasal polyps is of very low quality (ref Cochrane Review).

ENT UK advise: “Polyps respond and shrink using drops or sprays in up to 80% of people. New nasal steroid sprays can be taken to control symptoms for many years as very little is absorbed into the body and they can work well, but many take up to six weeks of treatment before their full effect can be felt.”

Surgical intervention in the treatment of nasal polyps should be considered in patients who fail to improve after a trial of maximal medical treatment. Treatment can include: Antibiotics, Antihistamines, Nasal Douches, Nasal Steroids and Oral Steroids. **Functional Endoscopic Sinus Surgery (FESS)** involves the clearance of polyps and polypoid mucosa and opening of the sinus ostia (ref EPOS).

The optimal surgical management of nasal polyps has not yet been established. There are very few clinical trials which compare medical and surgical treatment with the extent of surgical resection required to optimize patient outcomes, hence this is largely unknown.

**Functional endoscopic sinus surgery (FESS)** therefore describes an approach and not a standardized operation. The long-term efficacy of surgery is almost certainly influenced by the regimen of medical treatment prescribed postoperatively and the subsequent compliance with this regimen (EPOS) (Rhinosinusitis and Nasal Polyps (EP3OS) Group, 2012)

**XprESS multi sinus dilation system for treating chronic sinusitis** NICE have issued in December 2016 guidance on the benefits of using the XprESS in comparison to FESS and concluded that the case for adopting the XprESS multi-sinus dilation system for treating uncomplicated chronic sinusitis after medical treatment has failed is supported by the evidence. Treatment with XprESS leads to a rapid and sustained improvement in chronic symptoms, fewer acute episodes and improved quality of life which is comparable to Functional Endoscopic Sinus Surgery (FESS).

XprESS should be considered in patients with uncomplicated chronic sinusitis who do not have severe nasal polyposis. In these patients, XprESS works as well as FESS, is associated with faster recovery times, and can more often be done under local anaesthesia.

Cost modelling indicates that XprESS is cost saving compared with FESS when treatment is done using local anaesthetic in an outpatient setting. (NICE, 2016)

**Inferior Turbinates** are soft pieces of tissue within the nose whose function is to increase the surface area of the nasal cavity in order to warm and moisten air passing through the nose. Enlargement of these turbinates, (due to allergy or infection), causes obstruction of the nose.
Trimming these turbinates / turbinate reductions (also known turbinoplasty or turbinectomy) allows you to have more space in the nasal cavity and allows you to breathe more easily.

A Cochrane review from 2010 says that “Inferior turbinate (lining of nose) surgery is a commonly performed procedure in ENT as shrinking the lining may reduce some of the symptoms of allergic rhinitis, particularly nose blockage. This procedure is carried out using a multitude of techniques including cautery, laser and plasma knife. Although unusual, there is the potential for complications such as excessive bleeding and dry nose from these procedures. We set out to identify randomised controlled trials (RCTs) of inferior turbinate surgery compared to continued medical treatment in allergic rhinitis patients in whom medical treatment had failed to relieve symptoms. We also looked for RCTs comparing one technique of turbinate surgery with another. Although our search was extensive, we were not able to find any RCTs which met our inclusion criteria. Research, in the form of properly conducted trials comparing various techniques and assessing long-term results and complications, has not yet been done in this field. We therefore conclude that the evidence in the literature is not robust enough about the usefulness of surgery using any technique for this condition” (Cochrane, 2010) & (Cochrane, 2010)

**Septal Perforation**

The septum, composed of cartilage and thin bone, can develop a hole within the cartilage. This can occur for a number of reasons including nasal septal surgery, autoimmune or vasculitis conditions, trauma, cancer and cocaine use. The damage reduces blood supply in the septum and the cartilage dies which results in a hole developing.

**Management of Patients**

**All referrals for treatments or conditions covered by this policy will require funding approval before referring.** However, if there is some concern with diagnostic uncertainty, including a suspicion of malignancy or pre-malignancy, the referrer should consider whether it is appropriate to refer under the 2ww pathway. Where patients are subsequently cleared of any concerns, funding approval will be required to be secured prior to subsequent treatment and the responsibility to secure funding approval will rest with the clinician recommending the treatment.

Below are some guidance notes, which are not intended to be rigid but are intended to be helpful information on the principles of diagnosis and options for treatment.

- **Red flags/ concerning features** - Patients presenting with these symptoms should be fast-tracked for assessment and treatment if the condition is related to these “red flags”. Patients assessed as not requiring treatment for red flag symptoms should be managed under the normal pathway set out in this policy.
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Signs</th>
<th>Red flags/ concerning features *</th>
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| **Allergic Rhinitis**            | Use otoscope in nose. Inflamed mucosa (often pale), clear mucous. | - Periorbital oedema/erythema  
- Displaced globe  
- Double vision  
- Ophthalmoplegia  
- Reduced visual acuity  
- Severe unilateral or bilateral frontal headache  
- Frontal swelling  
- Signs of meningitis  
- Neurological signs |
| Nasal congestion                 |                                            |                                   |
| Nasal itching                    |                                            |                                   |
| Rhinorrhoea                      |                                            |                                   |
| Sneezing                         |                                            |                                   |
| Epiphora                         |                                            |                                   |
| **Chronic sinusitis**            | Inflamed mucosa, green/ yellow discharge (usually if infected) | Consider other diagnosis:  
- Unilateral symptoms  
- Bleeding  
- Crusting  
- Cacosmia  
- Orbital symptoms,  
- Periorbital oedema/erythema  
- Displaced globe  
- Double vision  
- Ophthalmoplegia  
- Reduced visual acuity  
- Severe unilateral or bilateral frontal headache  
- Frontal swelling  
- Signs of meningitis  
- Neurological signs |
| Two or more major symptoms:      |                                            |                                   |
| At least one MUST be Nasal block or nasal discharge PLUS any of the following:  
- Facial pain / pressure  
- Hyposmia / anosmia  
- Polyps (CT scan changes in sinuses – see notes below regarding CT in primary care)  
Chronic- >12 weeks |                                            |                                   |
| **Polyps**                       | Direct visualisation use otoscope. Tips for differentiating polyp/ turbinate – Turbinate similar colour to rest of nasal lining, polyp is more greyish. Turbinate has sensation, polyp does not. | Consider other diagnosis:  
- Unilateral symptoms  
- Bleeding  
- Crusting  
- Cacosmia  
- Orbital symptoms,  
- Periorbital oedema/erythema  
- Displaced globe  
- Double vision  
- Ophthalmoplegia  
- Reduced visual acuity |
<p>| Nasal congestion                 |                                            |                                   |
| Rhinorrhoea                      |                                            |                                   |
| Facial pain / pressure           |                                            |                                   |
| Anosmia                          |                                            |                                   |</p>
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<td>▪ Signs of meningitis</td>
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<td>▪ Neurological signs</td>
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**Policy - Criteria to Access Treatment – PRIOR APPROVAL REQUIRED**

This policy relates to all treatments of the nose/nasal passages proposed in secondary care.

Funding approval for treatment will only be provided by the CCG for patients meeting the criteria set out below:

**Rhinoplasty**
Rhinoplasty intended to only improve the external appearance of the nose will not be considered under this policy – please refer to our Cosmetic Surgery/Treatment Policy.

**Septoplasty/Septorhinoplasty**
Requests for corrective nasal surgery will be considered where:

1. The patient has:
   a. Post-traumatic nasal injury causing continuous and chronic nasal airway obstruction associated with septal/bony deviation of the nose.
   **OR**
   b. Nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity
   **AND**

2. There is a minimum of 6 months documented evidence in the primary care records showing that this condition is causing significant functional impairment as defined by BNSSG* which cannot be managed through conservative methods.

**Surgical Treatment for Nasal Polyps**

Diagnosis and treatment of Nasal Polyps in secondary care is not routinely commissioned except where the criteria below can be met:

1. Surgical intervention in the treatment of Nasal Polyps will only be considered in patients who fail to improve after a trial of maximal medical treatment for a period of at least 6 months, and this information is fully documented within the patient’s clinical records.
   **AND**

2. There is documented evidence in the primary care records showing that this condition is causing significant functional impairment as defined by BNSSG*

*Significant functional impairment is defined by the BNSSG Health Community as:
- Symptoms preventing the patient fulfilling routine work or educational responsibilities
- Symptoms preventing the patient carrying out routine domestic or carer activities

**Note:** Discomfort when using eyewear is unlikely to satisfy the CCG that the patient is suffering from significant functional impairment.
Other Treatments NOT Routinely Commissioned

- Diagnosis and/or treatment of Rhinitis, Sinusitis, and Rhinosinusitis including Inferior Turbinate reduction surgery such as Turbinoplasty, Radiofrequency Ablation and Turbinectomy.
- Surgery to repair septal perforation.

NB: Requests for funding for assessment or treatment for conditions that are not listed above should be submitted on an Individual Funding Request application form.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the CCG’s Individual Funding Request Panel upon receipt of a completed application form from the patient’s GP, consultant or clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on 0800 073 0907 or 0117 947 4477.

**Connected Policies**

**Cosmetic Surgery** - Treatment will not be offered under this policy. Clinician’s should refer to the intervention specific policy.

**Surgical Intervention for Snoring policy** - Treatment will not be offered under this policy. Clinician’s should refer to the intervention specific policy.

**CPAP** - Treatment will not be offered under this policy. Clinicians should refer to the intervention specific policy.

This policy has been developed with the aid of the following references:

(2003). *Allergic Rhinitis and its impact on asthma*. ARIA.


Cochrane. (2010). *Surgery to the inferior turbinate (lining of the nose) in order to relieve nose block in allergic rhinitis after failed medical treatment*. Cochrane Library.


Kempfle JS; BuSaba NY; Dobrowski JM; Westover MB; Bianchi MT. (2016). A cost-effectiveness analysis of nasal surgery to increase continuous positive airway pressure adherence in sleep apnea patients with nasal obstruction. *The Laryngoscope; Sep 2016*.


Newcastle and Gateshead CCG. (2016). *Value Based Commissioning policies*. Newcastle and Gateshead CCG.


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<th>Clinical Policy Review Group</th>
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