

CLINICAL POLICY ADVISORY GROUP (CPAG)

Rhinoplasty and Septo-rhinoplasty Policy

Statement

NHS Derby and Derbyshire ICB (NHSDDICB) has deemed that rhinoplasty or septo-rhinoplasty should not be routinely commissioned unless **criteria 1, 2 AND 3** are met:

1. Continuous nasal airway obstruction resulting in significantly impaired nasal breathing is present
2. There is an association with septal or lateral nasal wall deformities* or vestibular stenosis
3. Symptoms persist despite conservative measures for a minimum of three months,
OR
Asymptomatic nasal deformity* prevents access to other intranasal areas when medically necessary surgical procedures are required (eg ethmoidectomy).

*Deformities are largely caused by trauma or congenital conditions, as well as other causes.

Note correction of cleft palate is commissioned by NHS England.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Rhinoplasty is a surgical procedure that involves the changing of shape or size of the nose. The procedure is usually carried out under general anaesthetic. Rhinoplasty can be carried out for medical reasons, such as injury to the nose resulting in a broken/bent nose. Rhinoplasty under these circumstances is considered as being reconstructive.

Some people suffer from nasal airway related breathing difficulties and require surgery to straighten the septum at the same time. The combined operation is called septo-rhinoplasty.

2. Recommendation

NHSDDICB does not routinely commission rhinoplasty or septo-rhinoplasty unless criteria 1, 2 AND 3 are met:

1. Continuous nasal airway obstruction resulting in significantly impaired nasal breathing is present
2. There is an association with septal or lateral nasal wall deformities* or vestibular stenosis
3. Symptoms persist despite conservative measures for a minimum of three months,
OR
Asymptomatic nasal deformity* prevents access to other intranasal areas when medically necessary surgical procedures are required (eg ethmoidectomy).

*Deformities are largely caused by **trauma** or **congenital** conditions, as well as other causes.

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Information to be included with referral

1. Clinical photographs:
 - Trauma – clinical photographs of post-trauma injury (and pre-trauma where clinically relevant)
 - External nasal deformity – preoperative photos showing the standard four-way view of the nose: base, anterior-posterior, right and left lateral views as a minimum requirement.
2. Details of condition:
 - Documentation of results of conservative management of symptoms
 - Documentation of duration and degree of symptoms related to nasal obstruction
 - Relevant history of accidental or surgical trauma, congenital defect or disease

3. Rationale for Recommendation

The policy's criteria for rhinoplasty/septo-rhinoplasty is based on the signs and symptoms of medical issues only. NHSDDICB does not commission rhinoplasty/septo-rhinoplasty for cosmetic reasons.

4. Useful Resources

- Nose reshaping (rhinoplasty), NHS, last reviewed: 23 September 2019
<https://www.nhs.uk/conditions/cosmetic-procedures/nose-reshaping-rhinoplasty/>
- Cosmetic Surgery, Royal College of Surgeons of England,
<https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/>
- Rhinoplasty, British Association of Plastic Reconstructive and Aesthetic Surgeons,
<https://www.bapras.org.uk/public/patient-information/surgery-guides/rhinoplasty>
- Rhinoplasty (Augmentation), British Association of Aesthetic Plastic Surgeons,
https://baaps.org.uk/patients/procedures/13/rhinoplasty_augmentation

5. References

- Cosmetics Procedures Commissioning Policy, Erewash, Hardwick, North Derbyshire & South Derbyshire CCGs, October 2018
- Rhinoplasty, British Association of Plastic Reconstructive and Aesthetic Surgeons, accessed 11/05/23, <https://www.bapras.org.uk/public/patient-information/surgery-guides/rhinoplasty>
- Rhinoplasty (Augmentation), British Association of Aesthetic Plastic Surgeons, accessed 11/05/23, https://baaps.org.uk/patients/procedures/13/rhinoplasty_augmentation

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

| Consultee | Date |
|---|-----------|
| Consultant ENT and Facial Plastic Surgeon, CRHFT | May 2023 |
| Consultant ENT Surgeon & Head and Neck Surgeon, CRHFT | May 2023 |
| ENT and Facial Plastics Surgeon CRHFT | May 2023 |
| Consultant ENT & Head and Neck Surgeon, UHDBFT | May 2023 |
| Associate Specialist in Plastic Surgery, UHDBFT | May 2023 |
| Clinical Policy Advisory Group (CPAG) | June 2023 |

Appendix 2 - Document Update

| Document Update | Date Updated |
|---|--------------|
| <u>Version 3.0</u> Policy has been re-worded to reflect the new NHSDDICB organisation. | June 2023 |

Appendix 3 - OPCS Code(s)

E022 (Reconstruction of nose NEC)
E024 (Septorhinoplasty using graft)
E026 (Rhinoplasty NEC)
E027 (Alar reconstruction with cartilage graft)
E028 (Other specified plastic operations on nose)