

**Rhinoplasty Commissioning Statement**

Statement number: 38

<b>Treatment</b>	Rhinoplasty / Septorhinoplasty
<b>For the treatment of</b>	Nasal deformities
<b>Background</b>	Rhinoplasty/septoplasty for nasal deformities is a surgical procedure performed on the nose to change its size or shape or both. People usually ask for this procedure to improve self-image
<b>Commissioning position</b>	<p>All cases require prior approval. Consideration will not be given to cosmetic rhinoplasty.</p> <p>Rhinoplasty may be considered medically necessary only in limited circumstances and where the clinical rationale fits with the evidence base as follows:</p> <ol style="list-style-type: none"> <li>1. When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate;</li> <li>2. Upon individual case review, to correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect, when all of the following criteria are met: <ul style="list-style-type: none"> <li>• Airway obstruction which will not respond to septoplasty and turbinectomy alone AND</li> <li>• Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing) AND</li> <li>• Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy AND</li> <li>• Photos demonstrate an external nasal deformity AND</li> <li>• 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</li> </ul> </li> </ol> <p>There are, however, exclusions that need to be addressed such as:</p> <ul style="list-style-type: none"> <li>• Unstable mental health</li> <li>• Unrealistic patient expectations</li> <li>• Previous rhinoplasty within the last 9-12 months (applies only to major rhinoplasties)</li> <li>• Poor perioperative risk profile</li> <li>• History of too many previous rhinoplasties, resulting in an atrophic skin–soft tissue envelope and significant scarring</li> <li>• Nasal cocaine users</li> </ul>
<b>Summary of evidence / rationale</b>	<p>Rhinoplasty is an operation whereby the shape of the nose is changed by modifying the underlying bone and / or cartilage of the nose. In addition to altering the external appearance of the nose, the cartilage inside the nose can be straightened to improve the nasal airways. This procedure is called a septorhinoplasty.</p> <p>Guidance on commissioning is provided by the Modernisation Agency Document</p>

	'Information for Commissioners of Plastic Surgery Services', which was prepared by the British Association of Plastic and Reconstructive Surgery.
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**References:**

1. A Policy To Make Best Use of Resources in Plastic Surgery and Related Specialities November 2006 Northern, Eastern, Southern and Western Health and Social Services Board.
2. NHS Modernisation Agency: Action on Plastic, Information for Commissioners of Plastic Surgery Services: Referrals and Guidelines in Plastic Surgery 2004.
3. Prasa, S., Kappor, P.K.D., Kumar, A., Reddy, V., Kumar, B.N Waiting list prioritization in the NHS. Journal of Laryngology and Ontology 2004,118(1) :39- 45.