

**NASAL SURGERY**  
Including  
**Septoplasty CBA**  
**Rhinoplasty / Septo-Rhinoplasty EBI**  
**Rhinosinusitis / Polyps CBA**  
**EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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Application Form	Generic EBI Application

**NASAL SURGERY  
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2526.v4

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
2021.v1	April 2016	Removed from the "Guidance for Clinicians Policy" document
1617.1a	April 2016	Amendment to criteria wording
1617.v2a	July 2016	Policy name change to Nasal Surgery
1617.v2b	January 2017	Amendment to wording on Septoplasty criteria
1617.v2b	February 2019	New policy template and layout
1819.v2b	June 2020	Update template, rebranding from IFR to EBI, 3-year review include surgical treatment for polyps
2021.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	July 2023	3-year review/inclusion of laser treatment & logo update
2324.v3b	July 2024	Amendment to website link and clinical exceptionality wording on 3.6
2425.V3c	December 2024	Amendment to wording under general principles and EBI pathway
2425.v3d	May 2025	3-year review. Inclusion of wording for surgical intervention for chronic rhinosinusitis s2 as per NHS E EBI
2526.v3e	November 2025	CBA pathway clarity/Inclusion of 2.5b polyps for clarity

Equality Impact Assessment EIA	26 March 2016
Quality Impact Assessment QIA	N/A
Sponsoring Director:	Bernie Marden
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## **1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)**

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

*Please note:* Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate
- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing
- 1.6 Prior approval funding is available for one year commencing the date of approval

## **2 POLICY CRITERIA (EBI)**

- 2.1 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 or dissatisfaction with the outcome of the MAU is unlikely to be considered exceptional

- 2.2 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

### **2.3 Septoplasty Criteria Based Access (CBA)**

**Septoplasty** **does not** require funding where:

- There is clinical evidence of a nasal blockage

- There is/has been no improvement after a trial of maximal medical treatment which is fully documented in the patient's medical record

2.4 **Nasal Treatments/Surgery** is **not routinely commissioned** for the following:

- Rhinoplasty**
- Septo-rhinoplasty**
- Rhinophyma** treatment with laser surgery
- Nasal surgery** to correct the following
  - To stop snoring
  - Cosmetic appearance of the nose
  - Where patients are unhappy with the outcome of previous surgeries including immediate post-trauma corrections (whether provided by the NHS or private providers)

- Please follow the EBI application pathway under item 3

2.5 **Post-traumatic nasal injury**

Where there is post- traumatic nasal injury causing continuous and chronic bi-lateral nasal airway obstruction associated with septal/bony deviation of the nose which as part of reconstructive head and neck surgery (including traumatic deformity)

- Please follow the EBI application pathway under item 3

2.6 **Chronic Rhinosinusitis - Surgical Intervention - Criteria Based Access (CBA)** (guidance applies to adults and children)

Patients are eligible to be referred for specialist secondary care assessment **and treatment if clinically indicated** under any of the following circumstances:

- A clinical diagnosis of Chronic Rhinosinusitis (CRS) has been made (as set out in RCS/ENT-UK Commissioning guidance) in primary care and the patient still has moderate/severe symptoms after a 3-month trial of intranasal steroids and nasal saline irrigation **OR**
- Patient has nasal symptoms with an unclear diagnosis in primary care **OR**
- Any patient with unilateral symptoms or clinical findings, orbital, or neurological features should be referred urgently/via 2-week wait, depending on the local pathways.

2.7 **Polyps Surgical Intervention - Criteria Based Access (CBA)**

Patients are eligible to be referred for specialist secondary care assessment **and treatment if clinically indicated** under any of the following circumstances:

- a) Bilateral nasal polyps where there has been no improvement in symptoms over 12 weeks with a trial of intranasal steroids and nasal saline irrigation **AND**
- b) Followed by a trial a trial of 5-10 days of oral steroids (0.5mg/kg to a max of 60 mg) where there has been no improvement over 4 weeks
- c) Patients who have type 1 diabetes do not have to follow the oral steroid criteria as this is contraindicated

2.8 No investigations, apart from clinical assessment, should take place in primary care or be a pre-requisite for referral to secondary care (e.g. X-ray, CT scan). There is no role for prolonged courses of antibiotics in primary care. Patients can be considered for endoscopic sinus surgery when the following criteria are met:

- a) A diagnosis of CRS has been confirmed from clinical history and nasal endoscopy and / or CT scan **AND**
- b) Disease-specific symptom patient reported outcome measure confirms moderate to severe symptoms e.g. Sinonasal Outcome Test (SNOT-22) after trial of appropriate medical therapy (including counselling on technique and compliance) as outlined in RCS/ENT-UK commissioning guidance 'Recommended secondary care pathway' **AND**
- c) Patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention **OR**
- d) In patients with recurrent acute sinusitis, nasal examination is likely to be relatively normal. Ideally, the diagnosis should be confirmed during an acute attack, if possible, by nasal endoscopy and/or a CT sinus scan.

2.9 There are several medical conditions whereby endoscopic sinus surgery may be required outside the above criteria and in these cases, they should not be subjected to the above criteria and continue to be routinely funded:

- a) Any suspected or confirmed neoplasia
- b) Emergency presentations with complications of sinusitis (e.g. orbital abscess, subdural or intracranial abscess)
- c) Patients with immunodeficiency
- d) Fungal Sinusitis
- e) Patients with conditions such as Primary Ciliary Dyskinesia, Cystic Fibrosis or NSAID-Eosinophilic Respiratory Disease (NSAID-ERD, Samter's Triad Aspirin Sensitivity, Asthma, CRS)
- f) Treatment with topical and / or oral steroids contra-indicated.
- g) As part of surgical access or dissection to treat non-sinus disease (e.g. pituitary surgery, orbital decompression for eye disease, nasolacrimal surgery).

### 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient.

- 3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

**Note.** Applications CANNOT be considered from patients personally

- 3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

- 3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 3.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

### 4 ACCESS TO POLICY

- 4.1 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 Telephone number: 08000 851067

- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: [somicb.pals@nhs.net](mailto:somicb.pals@nhs.net)

## 5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *Rhinoplasty*. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:  
<http://www.bapras.org.uk/public/patient-information/surgery-guides/rhinoplasty>
- 5.2 NHS Choices. (2019, 05 03) *cosmetic surgery procedures* . Retrieved 04 14, 2016, from NHS Choices:  
<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx#nose>
- 5.3 Nuffield Health. (2016). *Rhinoplasty (or nose reshaping)*. Retrieved 04 14, 2016, from Nuffield Health:  
<http://www.nuffieldhealth.com/treatments/rhinoplasty-or-nose-reshaping>
- 5.4 The British Association of Aesthetic Plastic Surgeons . (n.d.). *Rhinoplasty (Reduction)*. Retrieved 04 14, 2016, from The British Association of Aesthetic Plastic Surgeons :  
[Rhinoplasty \(Reduction\) | The British Association of Aesthetic Plastic Surgeons \(baaps.org.uk\)](http://www.baaps.org.uk/Rhinoplasty-Reduction)
- 5.5 The British Association of Aesthetic Plastic Surgeons. (n.d.). *Rhinoplasty (Augmentation)*. Retrieved 04 14, 2016, from The British Association of Aesthetic Plastic Surgeons: [Rhinoplasty \(Augmentation\) | The British Association of Aesthetic Plastic Surgeons \(baaps.org.uk\)](http://www.baaps.org.uk/Rhinoplasty-Augmentation)
- 5.6 Surgical intervention for chronic rhinosinusitis  
<https://ebi.aomrc.org.uk/interventions/surgical-intervention-for-chronic-rhinosinusitis/>