**Date of Meeting:** 17 July 2015  
**Agenda Item:** 7d  
**Subject:** Approval of GM Effective Use of Resource (EUR) Policy - Rhinoplasty/Septoplasty / Septorhinoplasty  
**Reporting Officer:** Dr Chris Duffy  
**Aim of Paper:** To provide the Governing Body with an update on the following EUR policy which has been approved by the GM Association Governance Group.

### Governance route prior to Governing Body

<table>
<thead>
<tr>
<th>Governance route prior to Governing Body</th>
<th>Meeting Date</th>
<th>Objective/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Governing Body</td>
<td>Select date of meeting.</td>
<td>Click to Select</td>
</tr>
<tr>
<td>Quality and Safety Committee</td>
<td>Select date of meeting.</td>
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<tr>
<td>Clinical Commissioning Committee</td>
<td>Select date of meeting.</td>
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</tr>
<tr>
<td>Patient Experience Assurance Committee</td>
<td>Select date of meeting.</td>
<td>Click to Select</td>
</tr>
<tr>
<td>Finance, Performance and Risk Committee</td>
<td>Select date of meeting.</td>
<td>Click to Select</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>Select date of meeting.</td>
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<tr>
<td>Remuneration Committee</td>
<td>Select date of meeting.</td>
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</tr>
<tr>
<td>Locality Engagement Group</td>
<td>Select date of meeting.</td>
<td>Click to Select</td>
</tr>
<tr>
<td>Health and Wellbeing Board</td>
<td>Select date of meeting.</td>
<td>Click to Select</td>
</tr>
<tr>
<td>Other</td>
<td>GM Association Governance Group (GM AGG) – 2 June 2015 - Approved</td>
<td></td>
</tr>
</tbody>
</table>

### Governing Body Resolution Required:

Select Resolution Required

**Recommendation:** The Governing Body is asked to ratify the Greater Manchester EUR Policies on Rhinoplasty/Septoplasty / Septorhinoplasty.

### Link to Strategic Objectives

<table>
<thead>
<tr>
<th>Strategic Objective (SO)</th>
<th>Contributes to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO1: To secure additional years of life for people of the Borough with treatable mental and physical health conditions</td>
<td>Yes</td>
</tr>
<tr>
<td>SO2: To improve the health related quality of life for people with long term condition(s) including mental health conditions</td>
<td>Yes</td>
</tr>
<tr>
<td>SO3: To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>SO4: To increase the proportion of older people living independently at home following discharge from hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>SO5: To increase the number of people with mental and physical health conditions having a positive experience of hospital care and care outside of hospital (including General Practice and the Community)</td>
<td>Yes</td>
</tr>
<tr>
<td>SO6: To make significant progress towards eliminating avoidable deaths in our hospitals, and all care settings, caused by problems in care.</td>
<td>Yes</td>
</tr>
<tr>
<td>SO7: To develop integrated working and partnerships to ensure the best possible care for the borough</td>
<td>Yes</td>
</tr>
<tr>
<td>SO8: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Risk Level:** (To be reviewed in line with Risk Policy)  
Not Applicable
Executive Summary

The attached policy document outlines the arrangements for the funding of Rhinoplasty/Septoplasty/Septorhinoplasty for the population of Greater Manchester.

They have been produced in order to provide and ensure equity, consistency and clarity in the commissioning of Rhinoplasty/Septoplasty/Septorhinoplasty.

Adoption of this policy will alleviate any disparity faced by patients within Greater Manchester, (dependent on their registered GP/CCG) when requesting funding for Rhinoplasty/Septoplasty/Septorhinoplasty.

Adoption of Greater Manchester EUR policies will also ensure that all acute trusts within Greater Manchester are working to the same policy, which will also relieve any possible differences in accessing this treatment dependent on where the patient is referred.

Commissioning Recommendation:

Rhinoplasty/Septoplasty/Septorhinoplasty

Rhinoplasty alone is not commissioned unless part of a reconstructive pathway following trauma or cancer surgery.

Septoplasty is commissioned where there is evidence of nasal obstruction and all conservative treatments have been exhausted.

Septorhinoplasty may be considered if it is deemed the post appropriate effective intervention for the patient’s nasal obstruction.

This policy has been developed and approved by the Greater Manchester EUR Steering Group. The Greater Manchester EUR Steering Group is quorate when all 12 CCGs are represented. Decisions taken by the Steering Group are by consensus.

Consultation on the policies has also taken place, with feedback being reviewed by the Greater Manchester EUR Steering Group prior to approval of the final attached policy.
GREATER MANCHESTER ASSOCIATION GOVERNING GROUP MEETING

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>2nd June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue under Consideration</td>
<td>Greater Manchester Effective Use of Resources (EUR) Policy – Rhinoplasty/Septoplasty/Septorhinoplasty</td>
</tr>
<tr>
<td>Brief Paragraph Summary</td>
<td>This policy document outlines the arrangements for the funding of Rhinoplasty/Septoplasty/Septorhinoplasty for the population of Greater Manchester. It has been produced in order to provide and ensure equity, consistency and clarity in the commissioning of Rhinoplasty/Septoplasty/Septorhinoplasty by all Clinical Commissioning Groups in Greater Manchester. Adoption of this policy will alleviate any disparity faced by patients within Greater Manchester, (dependent on their registered GP/CCG) in accessing Rhinoplasty/Septoplasty/Septorhinoplasty. Adoption of Greater Manchester EUR policies will also ensure that all NHS acute trusts/providers within Greater Manchester are working to the same policy, which will also relieve any possible differences in accessing this treatment dependent on where the patient is referred.</td>
</tr>
<tr>
<td>Decision/Opinion Required</td>
<td>The Association Governing Group is asked to review the attached policy and supporting documentation and approve for ratification by Greater Manchester CCG Governing Bodies.</td>
</tr>
<tr>
<td>Item is for Information</td>
<td>Lynne Duxbury, Head of Effective Use of Resources. Telephone: 0161 212 6143, Mobile: 07795505688, Email: <a href="mailto:lynneduxbury@nhs.net">lynneduxbury@nhs.net</a></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The item has been discussed previously at these meetings include the outcome</td>
<td>This policy has been developed and approved by the Greater Manchester EUR Steering Group. The Greater Manchester EUR Steering Group is quorate when all 12 CCGs are represented. Decisions taken by the Steering Group are by consensus. Consultation on the policy has taken place from 2nd October 2014 to 11th November 2014, with feedback being reviewed by the Greater Manchester EUR Steering Group prior to approval of the final attached policy. Notification of the policy consultation was disseminated to: Within Greater Manchester Clinical Commissioning Groups (GMCCG): CCG Chief Operating Officers; CCG Heads of Commissioning; CCG EUR Leads; CCG IFR Panel/Process Review Panel Members; Greater Manchester EUR Steering Group Members; Within the North West Commissioning Support Unit (NWCSU): Executive Team; Medicines Management; Contracts and Performance; Service Redesign; Patient Services; Equality and Diversity; EUR team, including Clinical Triage GP members. CCG Communication teams to be disseminated to patients/public through existing CCG communication mechanisms. The policy consultation was also sent to named contacts within each Greater Acute Trust to be disseminated to appropriate clinicians/managers within each organisation. This policy has been reviewed by the Greater Manchester Heads of Commissioning (HOC) and Greater Manchester Chief Finance Officers (CFO), virtually in May 2015. Feedback had been requested by the 28th May 2015 for final agreement and recommendation to CCG Governing Bodies by the Greater Manchester Association Governing Group.</td>
</tr>
<tr>
<td>Version</td>
<td>Date</td>
</tr>
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<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>0.1</td>
<td>02/09/2014</td>
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<td>01/10/2014</td>
</tr>
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<td>1.0</td>
<td>10/12/2014</td>
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</table>
POLICY STATEMENT

Title/Topic: Rhinoplasty / Septoplasty / Septo-Rhinoplasty

Issue Date: June 2015

Commissioning Recommendation:

Rhinoplasty alone is not commissioned unless part of a reconstructive pathway following trauma or cancer surgery.

Septoplasty is commissioned where there is evidence of nasal obstruction and all conservative treatments have been exhausted.

Septo-Rhinoplasty may be considered if it is deemed the most effective intervention for the patient’s nasal obstruction.

See Section 4: Criteria for Commissioning.

Date of Review:
One year from the date of approval by Greater Manchester Association Governing Group and annually thereafter.

Prepared By:
The North West Commissioning Support Unit Effective Use of Resources Policy Team

Approved By | Date Approved | Variance
-------------|--------------|--------
Greater Manchester Effective Use of Resources Steering Group | 19/11/2014 | N/A
Greater Manchester Chief Finance Officers / Greater Manchester Heads of Commissioning | May 2015 | N/A
Greater Manchester Association Governing Group | 02/06/2015 | N/A
Bury Clinical Commissioning Group
Bolton Clinical Commissioning Group
Heywood, Middleton & Rochdale Clinical Commissioning Group
Central Manchester Clinical Commissioning Group
North Manchester Clinical Commissioning Group
Oldham Clinical Commissioning Group | 02/06/2015 | N/A
Salford Clinical Commissioning Group | 02/06/2015 | N/A
South Manchester Clinical Commissioning Group
Stockport Clinical Commissioning Group
<table>
<thead>
<tr>
<th>Tameside &amp; Glossop Clinical Commissioning Group</th>
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<tbody>
<tr>
<td>Trafford Clinical Commissioning Group</td>
</tr>
<tr>
<td>Wigan Borough Clinical Commissioning Group</td>
</tr>
</tbody>
</table>
Policy Statement

The North West Commissioning Support Unit (NWCSU) has developed this policy on behalf of Clinical Commissioning Groups (CCGs) within Greater Manchester, who will commission Rhinoplasty / Septoplasty / Septo-Rhinoplasty in accordance with the criteria outlined in this document.

In creating this policy the NWCSU has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for the population of Greater Manchester.

Equality & Equity Statement

The NWCSU/CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved, as enshrined in the Health and Social Care Act 2012. The NWCSU/CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, the NWCSU/CCG will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

In developing policy the NWCSU policy team will ensure that equity is considered as well as equality. Equity means providing greater resource for those groups of the population with greater needs without disadvantage to any vulnerable group.

The Equality Act 2010 states that we must treat disabled people as more equal than any other protected characteristic group. This is because their ‘starting point’ is considered to be further back than any other group. This will be reflected in NWCSU evidencing taking ‘due regard’ for fair access to healthcare information, services and premises.

An initial Equality Analysis was carried out on the 1st October 2014 and reviewed following consultation feedback during April 2015. For more information about the Equality Analysis, please contact policyfeedback.gmscu@nhs.net.

Governance Arrangements

Greater Manchester EUR policy statements will be ratified by the Greater Manchester Association Governing Group (AGG) prior to formal ratification through CCG Governing Bodies. Further details of the governance arrangements can be found in the Greater Manchester EUR Operational Policy.

1. Introduction

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity in the commissioning of Rhinoplasty / Septoplasty / Septo-Rhinoplasty services by Clinical Commissioning Groups in Greater Manchester. When this policy is reviewed all available additional data on outcomes will be included in the review and the policy updated accordingly.
Nose Reshaping Surgery

Most people who dislike their nose have concerns about the bridge or the tip. At the bridge, or dorsum, people often complain about having a hump. Meanwhile, people who want to change the tip often see this part of the nose as being too wide, round, blobby, beaked or lacking in definition. Some people also dislike the length of their nose.

**Medical reasons**

Other patients may opt for a rhinoplasty because of an injury to the nose, whereby the nose may be broken or bent following an accident of some kind. Others may have functional breathing problems relating to the nasal airways. In these cases, surgical interventions would be considered reconstructive, whereas for the majority of nose operations the surgery is classed as cosmetic.

Nose operations are most commonly carried out to:

- alter the hump at the bridge of the nose
- reshape the tip of the nose
- alter the length of the nose
- alter the width of the nose
- alter the width of the nostrils
- restructure and reposition the nose after an injury
- open up the nasal airways to help breathing

**2. Definition**

Rhinoplasty

A nose reshaping operation is either performed from inside the nostrils – this is referred to as a closed rhinoplasty; or else by making a small cut on the nose and elevating the skin – known as an open rhinoplasty. The precise nature of the operation will vary depending on the area of the nose that is being treated.

**Bridge (or dorsum)**

If the bridge of the nose is being operated on, the surgeon removes the bone and cartilage that is causing ‘the hump’. The nose may then be broken to allow the remaining pieces of bone to be moved closer together, resulting in the narrowing of the nose.

**Tip**

When the tip of the nose is operated on, the cartilage that makes up the tip-support needs to be partly removed or reshaped. This is done through the nostril, or by making a small cut in the bit between the nostrils (known as the columella) in an open rhinoplasty.

**Length**

A surgeon can adjust and reduce the central structure of the nose, known as the septum, to help shrink the tip and reduce the overall length of the nose. Adjustment to the tip cartilages also helps adjust nasal length.

**Width**

By breaking and repositioning the side nasal bone, a surgeon can also reduce the width of the nose and achieve a narrower appearance.
**Additional rhinoplasty**

Surgeons can also add to the nose using cartilage grafts from the septum or, occasionally, silicone implants, in what is called an additional rhinoplasty. This type of operation is used to build up a ‘flat’ bridge or tip.

The above techniques can also be used to straighten and refine a nose that has been broken through injury, and to relieve breathing difficulties.

**Septoplasty**

Septoplasty is a surgical procedure to correct a deviated nasal septum, i.e. a displacement of the bone and cartilage that divides the two nostrils. During septoplasty, the nasal septum is straightened and repositioned in the middle of your nose. This may involve the surgeon cutting and removing parts of the septum before reinserting them in the proper position. Detail and expected outcome depend on the individual’s symptoms, e.g. breathing difficulties and the physical structure of their nose.

**Septo-Rhinoplasty**

Septo-rhinoplasty is related to rhinoplasty but is carried out for patients who also have nasal obstruction. Septo-rhinoplasty not only improves the appearance of the nose, but it removes any internal obstructions that may be blocking breathing through the nose.

### 3. Aims and Objectives

**Aim**

This policy document aims to specify the conditions under which Rhinoplasty / Septoplasty / Septo-Rhinoplasty will be routinely commissioned by Clinical Commissioning Groups in Greater Manchester.

**Objectives**

- To reduce the variation in access to Rhinoplasty / Septoplasty / Septo-Rhinoplasty.
- To ensure that Rhinoplasty / Septoplasty / Septo-Rhinoplasty is commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- To reduce unacceptable variation in the commissioning of Rhinoplasty / Septoplasty / Septo-Rhinoplasty across Greater Manchester.
- To promote the cost-effective use of healthcare resources.

### 4. Criteria for Commissioning

**Mandatory Criteria**

**Rhinoplasty**

Rhinoplasty is considered an aesthetic procedure and is not routinely commissioned but may be considered in some cases of trauma where the initial reconstruction requires revision (note this needs a clinical opinion that the surgery needs revision). Deformity of the nose following contact sports where there are no symptoms of nasal obstruction is not commissioned.

**Septoplasty**

Patients may be referred for a clinical assessment for Septoplasty where the individual has:

- significant obstruction of one or both nostrils

AND
• tried conservative measures without success, e.g. medication to treat allergic rhinitis

AND

• The overuse of nasal sprays has been excluded as a cause of the nasal congestions or has been treated prior to referral and the nasal congestion persists

Prior to surgery the degree of obstruction and the likelihood of a positive outcome should be assessed by an ENT surgeon.

Septo-Rhinoplasty

Septo-Rhinoplasty may be considered by prior approval only if deemed the most effective intervention for the patient’s nasal obstruction – the application must come from an ENT surgeon and include details of the reasons for this request with an assessment of the difference in likely outcome compared to Septoplasty alone (this must be related to functional outcome and not appearance alone).

Policy Exclusions

Rhinoplasty / Septo-Rhinoplasty to address the effects of facial trauma as part of the initial care pathway for that trauma are excluded from this policy

Rhinoplasty / Septo-Rhinoplasty as part of the pathway of care for relevant cancers are excluded from this policy

Clinicians can submit an Individual Funding Request (IFR) if they feel there is a good case for exceptionality.

Exceptionality means ‘a person to which the general rule is not applicable’. Greater Manchester sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is:

• Significantly different to the general population of patients with the condition in question.

and as a result of that difference

• They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

5. Description of Epidemiology and Need

Nasal obstruction is a common complaint. In 1974, Vainio-Mattila(1) found a 33% incidence of nasal airway obstruction among randomly chosen adults. Septal deviation was found to be the most frequently encountered structural malformation causing nasal obstruction. Clinically significant septal deviation was found in 26% of patients with nasal obstruction in this study.

It is difficult to provide epidemiological data for rhinoplasty as dissatisfaction with the appearance of the nose is affected by multiple factors and there is no standard definition of a “normal” nose; however, according to statistics released by the American Society of Plastic Surgeons in 2006, rhinoplasty is one of the most sought after aesthetic surgeries by ethnic patients and teenagers. It also is the most requested aesthetic operation by patients with body dysmorphic disorder.
6. Evidence Summary

Rhinoplasty is considered an aesthetic procedure and no evidence was found for its use in treating any underlying medical conditions.

Septoplasty is an effective intervention in patients who have known septal deviation causing nasal obstruction. Outcomes are best where non-invasive interventions have failed and the nasal obstruction is having an impact on the individual’s quality of mind.

Where the obstruction is the result of trauma, septo-rhinoplasty may be indicated to get the best outcome for the patient.

Full details of the Evidence Review are contained with Appendix 1.

7. Rationale behind the Policy Statement

Aesthetic procedures are not routinely commissioned by the CCGs in Greater Manchester in order to target limited resources at those in most need.

Septoplasty is recognised as a treatment to address a specific condition. This should be offered to those patients most likely to benefit from the procedure.

8. Adherence to NICE Guidance

NICE have not currently issued guidance on this treatment.

9. Mechanism for Funding

**Septoplasty**

Funding will be via the relevant contracting arrangements and referrals may be accepted in line with the criteria.

**Rhinoplasty and Septo-Rhinoplasty for Aesthetic Reasons**

Funding will be made available on an individual patient basis and prior approval should be sought from the Greater Manchester Commissioning Support Unit IFR Team.

10. Audit Requirements

There is currently no national database. Service providers will be expected to collect and provide audit data on request.

11. Documents which have informed this Policy

Greater Manchester Effective use of Resources Operational Policy

12. Links to other Policies

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and those policies dealing with the approach to experimental treatments and processes for the management of individual funding requests (IFR).
13. Date of Review

One year from the date of approval by Greater Manchester Association Governing Group and annually thereafter.

14. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aesthetic</td>
<td>Concerned with beauty or the appreciation of beauty.</td>
</tr>
<tr>
<td>Body Dysmorphic Disorder</td>
<td>Or body dysmorphia, is an anxiety disorder that causes sufferers to spend a lot of time worrying about their appearance and to have a distorted view of how they look.</td>
</tr>
<tr>
<td>Cartilage</td>
<td>Firm, flexible connective tissue.</td>
</tr>
<tr>
<td>Cartilage grafts</td>
<td>Cartilage from one part of the body is surgically removed and implanted in another.</td>
</tr>
<tr>
<td>Columella</td>
<td>The tissue that links the nasal tip to the nasal base, and separates the nostrils It is the inferior margin of the nasal septum.</td>
</tr>
<tr>
<td>Conservative measures</td>
<td>Non-surgical interventions – usually medication – used to treat symptoms.</td>
</tr>
<tr>
<td>Cosmetic</td>
<td>Aesthetic (Concerned with beauty or the appreciation of beauty)</td>
</tr>
<tr>
<td>Deformity</td>
<td>The state of being deformed or misshapen.</td>
</tr>
<tr>
<td>Deviated nasal septum / Septal deviation</td>
<td>The septum has moved from the mid line of the nose toward one side.</td>
</tr>
<tr>
<td>Nasal obstruction</td>
<td>Blocked nose</td>
</tr>
<tr>
<td>Nasal Septum</td>
<td>The dividing wall that runs down the middle of the nose, separating the two nasal cavities, each of which ends in a nostril. The nasal septum is composed of bone, cartilage, and membranes.</td>
</tr>
<tr>
<td>Reconstructive</td>
<td>Surgery to restore function or normal appearance by reconstructing defective organs or parts.</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>Surgery performed to straighten or otherwise improve the appearance of the nose.</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>Surgery to straighten the septum which has deviated from the midline - The nasal septum is the wall between the nostrils that separates the two nasal passages. It supports the nose and directs airflow. The septum is made of thin bone in the back and cartilage in the front.</td>
</tr>
<tr>
<td>Septo-Rhinoplasty</td>
<td>A surgical procedure performed to repair defects or deformities of both the nasal septum and the external nasal pyramid.</td>
</tr>
<tr>
<td>Silicone implants</td>
<td>A medical device composed primarily of silicone or silicone gel, which is meant to augment or substitute a non-essential part of the body.</td>
</tr>
<tr>
<td>Trauma</td>
<td>Physical injury due to external forces</td>
</tr>
</tbody>
</table>
References


2. ENT-UK website: Surgery on the nose – Rhinoplasty
# Appendix 1 – Evidence Review

Title/Topic: Rhinoplasty / Septoplasty / Septo-Rhinoplasty  
Ref: GM024

## Search Strategy

Search terms: Rhinoplasty; Septoplasty; Septo-Rhinoplasty

<table>
<thead>
<tr>
<th>Database</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE</td>
<td>Nil specific to the procedures listed but there were IPGs related to specific techniques for nasal obstruction surgery (No’s 113, 495 and 498) – not cited here</td>
</tr>
</tbody>
</table>
| NHS Evidence and NICE CKS       | **CRD review (see below)**  
• Citations related to specific techniques and for psychological impacts related to aesthetic surgery – not cited here |
| SIGN                            | Nil found (private providers websites listed)                                                                                                                                 |
| Cochrane                        | Nil specific to the surgeries under review                                                                                                                                 |
| York                            | **Evidence supporting functional rhinoplasty or nasal valve repair: a 25-year systematic Review**  
Rhee J S, Arganbright J M, McMullin B T, Hannley M.  
Otolaryngology - Head and Neck Surgery 2008; 139(1): 10-20  
**Objective evidence for the efficacy of surgical management of the deviated septum as a treatment for chronic nasal obstruction: a systematic review**  
Moore M, Eccles R.  
| BMJ Clinical Evidence           | Rhinoplasty related to cleft lip and palate (not cited here)                                                                                                                                  |
| BMJ Best Practice               | Nil found                                                                                                                                  |
| General Search (Google)         | **ENT-UK website: Surgery on the nose – Rhinoplasty (not cited here)**  
**ENT-UK website: Surgery on the nose - Septal Surgery (not cited here)** |
| Medline / Open Athens           | Not done                                                                                                                                  |
| Other                           | RCS and BAPRAAS websites searched:  
• **Nasal Septal Surgery: ENTUK position paper 2010** |

## Summary of the evidence

Rhinoplasty is considered an aesthetic procedure and no evidence was found for its use in treating any underlying medical conditions.
Septoplasty is an effective intervention in patients who have known septal deviation causing nasal obstruction. Outcomes are best where non-invasive interventions have failed and the nasal obstruction is having an impact on the individual’s quality of mind.

Where the obstruction is the result of trauma septo-rhinoplasty may be indicated to get the best outcome for the patient.

The evidence

<table>
<thead>
<tr>
<th>Levels of evidence</th>
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<tbody>
<tr>
<td>Level 1</td>
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<td>Level 2</td>
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<tr>
<td>Level 3</td>
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<tr>
<td>Level 4</td>
</tr>
<tr>
<td>Level 5</td>
</tr>
</tbody>
</table>

1. **LEVEL 1: SYSTEMATIC REVIEW**
   Evidence supporting functional rhinoplasty or nasal valve repair: a 25-year systematic Review
   Rhee J S, Arganbright J M, McMullin B T, Hannley M.
   Otolaryngology - Head and Neck Surgery 2008; 139(1): 10-20

   The authors concluded that there was substantial support from case series that modern-day rhinoplasty techniques were effective for nasal obstruction due to nasal valve collapse. Evidence appeared to support the authors’ conclusions, but the limited search and reliance upon diverse and potentially biased observational studies that predominantly evaluated combinations of interventions undermined the strength of the evidence.

2. **LEVEL 1: SYSTEMATIC REVIEW**
   Objective evidence for the efficacy of surgical management of the deviated septum as a treatment for chronic nasal obstruction: a systematic review
   Moore M, Eccles R.

   **Background:** Nasal septal surgery is a common procedure, but there are concerns that the benefits of this surgery are mainly cosmetic.

   **Objective of Review:** The primary aim is to identify any functional benefits of septal surgery and provide any evidence of a change in patency of the nasal airway, as assessed by objective methods such as rhinomanometry, acoustic rhinometry and peak nasal inspiratory flow.

   **Search Strategy:** A systematic search of the available literature was performed, using Pubmed, Medline (1950-November 2010), Embase (1947-November 2010) and the Cochrane Controlled Trials Register. Papers written in English that objectively compared pre- and post-surgical treatment of nasal obstruction in adults because of septal deviation were reviewed. Objective measurements of rhinomanometry, acoustic rhinometry and nasal peak inspiratory flow were specified within the search. Searches were restricted to surgery on the nasal septum, which included septoplasty, submucous resection and septal (deviation) corrective surgery.
Results: Seven studies (460 participants) involving rhinomanometry, six studies (182 participants) with acoustic rhinometry and one study (22 participants) using nasal peak inspiratory flow were included in the review. All the studies reported an objective improvement in nasal patency after septal surgery. Mean unilateral nasal resistance (data from six studies) decreased from preoperative 1.19 Pa/cm(3)/s to postoperative 0.39 Pa/cm(3)/s, mean minimum cross-sectional area (data from five studies) increased from preoperative 0.45 cm(2) to postoperative 0.61 cm(2), median peak nasal inspiratory flow (data from one study) increased by 35 L/min after surgery.

Conclusions: There is sufficient evidence in the literature to conclude that septal surgery improves objective measures of nasal patency and that improved nasal airflow may have beneficial effects for the patient.

3. LEVEL 5: EXPERT OPINION
Nasal Septal Surgery: ENTUK position paper 2010

A blocked nose is the one of the commonest presenting chronic symptoms in Ear Nose and Throat practice. One of the commonest causes of a blocked nose is a deviation of the midline nasal partition known as the nasal septum. This deviation may be congenital or acquired as the result of facial injury. Since this is a structural problem the only definitive treatment is surgical correction, referred to as septal surgery or septoplasty. Complications are uncommon, but include post-operative bleeding or infection and occasional septal perforation and external nasal deformity.

The marked improvement often reported by patients is not always reflected in objective measures of nasal obstruction. This reflects the limitations of the objective tools, but has led to conflicting evidence for the efficacy of nasal septal surgery. This is sometimes mis-interpreted by people outside of the specialty and has created a common misunderstanding that septal surgery is of limited effect, but this is far from the truth.

Many of the studies in the past have been retrospective or used general quality of life questionnaires. However, prospective randomized studies using tools validated specifically for nasal obstruction corroborate the findings of these earlier studies. Long term results (up to 3 years post operatively) following nasal septal surgery show a significant improvement in nasal symptom scores.

Conclusions

• Deviation of the nasal septal remains a common and important cause of nasal obstruction.
• Nasal endoscopy identifies other intranasal disease and has greatly enhanced the selection of patients who are listed for septoplasty.
• The evidence consistently supports the view that nasal septal surgery is highly effective in improving symptoms of nasal obstruction.
• Septoplasty is not only a very effective day case operation, but also one with a low complication rate.