

<b>Policy statement:</b>	<b>Septoplasty</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

The nose is partitioned in the middle by the nasal septum, dividing it into two nostrils. The nasal septum is made of cartilage and bone. Sometimes, due to injury or simply because it has grown that way, the septum may be bent, buckled or deviated to one (or both) sides, causing blockage by reducing the area available for air to flow through. The operation of Septoplasty is used to correct this abnormality in order to allow air to pass through either nostril more easily

Rhinoplasty aims to improve the cosmetic appearance of the nose. When rhinoplasty is performed in combination with septoplasty it is called septorhinoplasty. Nasal surgery to improve cosmetic appearance of the nose, including Rhinoplasty and Septorhinoplasty, is not routinely funded by M&SECCGs-see Aesthetic Facial Surgery

Primary care must obtain **prior approval** before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectations are properly managed.

NB: This policy does not apply to:

- Immediate post trauma nasal manipulation which normally occurs two to three weeks after the trauma and not restricted.
- To facilitate sinus surgery access

M&SECCGs commissions septoplasty on a restricted basis for which **individual prior approval** is required.

Requests for septoplasty will be considered where the patient has:

- A deviated septum causing significant and persistent nasal blockage. This includes post-traumatic nasal injury associated with septal/bony deviation of the nose which is causing significant and persistent nasal blockage.

**OR**

- Nasal deformity secondary to a congenital craniofacial deformity causing significant functional impairment-

**OR**

- Part of reconstructive head and neck surgery.

Septorhinoplasty will only be funded when a septoplasty alone will not improve functional impairment.

Note: Cleft lip/palate patients are funded through NHS England commissioned Cleft Lip/Palate clinical management pathway and not funded by M&SECCGs.

M&SECCGs will not approve funding for patients who are unhappy with the outcome of previous surgeries including immediate post-trauma corrections (whether provided by the NHS or private providers) or for snoring unless they meet the criteria above.

Individual funding requests should only be made where the patient demonstrates clinical exceptionalality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.