**PRIOR APPROVAL REQUEST**

**Septoplasty – Rhinoplasty - Septorhinoplasty**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at

<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Only the following OPCS codes will be funded E02.1 – E02.9, E03

**Interventions relating to management of cleft lip/palate are commissioned by NHS England.**

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01707 685354

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| --- | --- | --- |
| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |
| Date form completed |  | |
| Urgency | Routine (5 working days turnaround time)  Urgent – (2 working days turnaround time)  Note: An urgent request is one in which a delay may put the patient’s life at risk.  Turnaround times commence the working day after receipt of the funding application | |
| Patient name |  | |
| DOB |  | |
| NHS No. |  | |
| Hospital No. |  | |
| Patient’s GP and practice |  | |

|  |  |
| --- | --- |
| Referring clinician name: |  |
| Job Title: |  |
| Hospital: |  |
| Contact details (including email: |  |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |

**EXTRACORPOREAL (OPEN) SEPTOPLASTY**

**In all cases medical photography is available and a relevant clinic letter attached**

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| **INDICATION** | **TICK** |
| Hertfordshire and west Essex ICB do not fund extracorporeal septoplasty except for initial  correction of an extremely deviated nasal septum that cannot adequately be corrected with an  intranasal approach for patients who meet criteria for septoplasty listed below |  |

**SEPTOPLASTY**

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| **INDICATION** | **TICK** |
| **In ALL cases a relevant clinic letter is attached**  **AND** one of the following applies |  |
| Asymptomatic septal deformity that prevents accessto other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)  **OR** |  |
| Documented recurrent sinusitisfelt to be due to a deviated septum not relieved by appropriate medical and antibiotic therapy for at least 6 months.  **OR** |  |
| Recurrent epistaxis(nosebleeds) related to a septal deformity  **OR** |  |
| Obvious and severe septal deviationcausing continuous nasal airway obstruction resulting in nasal breathing difficulty with no other cause for the patient’s apparent breathlessness (e.g. rhinitis, COPD) |  |

**SEPTORHINOPLASTY**

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| **INDICATION** | **TICK** |
| **In ALL cases a relevant clinic letter is attached**  **AND** one of the following applies |  |
| Asymptomatic septal deformity that prevents accessto other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g., ethmoidectomy)  **OR** |  |
| Documented recurrent sinusitisfelt to be due to a deviated septum not relieved by appropriate medical and antibiotic therapy for at least 6 months.  **OR** |  |
| Recurrent epistaxis(nosebleeds) related to a septal deformity  **OR** |  |
| Obvious and severe septal deviationcausing continuous nasal airway obstruction resulting in nasal breathing difficulty with no other cause for the patient’s apparent breathlessness (e.g. rhinitis, COPD) |  |
| **AND** the following applies When rhinoplasty for nasal airway obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation, so that to correct the nasal obstruction the external skeleton will also need correction. |  |

**RHINOPLASTY**

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| **INDICATION** | **TICK** |
| **In ALL cases a relevant clinic letter is attached**  **AND** one of the following applies |  |
| Significant nasal deformity caused by trauma (There needs to be a convincing history of trauma within the previous two years of sufficient severity to cause the deformity. A humped or bent nose is not by itself sufficient evidence of injury.) **OR** |  |
| Part of reconstructive head and neck surgery **OR** |  |
| 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**: |  |
| * Prolonged, persistent obstructed nasal breathing; **AND** |  |
| * Physical examination confirming moderate to severe vestibular obstruction; **AND** |  |
| * Airway obstruction will not respond to septoplasty alone; **AND** |  |
| * Nasal airway obstruction is causing significant symptoms (e.g. chronic   rhinosinusitis, difficulty breathing); **AND** |  |
| * Obstructive symptoms persist despite conservative management for 6 months or   more, which includes, where appropriate, nasal steroids or immunotherapy; **AND** |  |
| * Photographs demonstrate an external nasal deformity; **AND** |  |
| * There is significant obstruction of one or both nares, documented usually by outpatient nasal endoscopy. |  |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an exceptional case request form can be submitted.** |

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| **Shared Decision Making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website: <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |