NHS
Greater Manchester

Rhinoplasty / Septoplasty / Septo-rhinoplasty

Commissioning Statement

Version 3.3 (3 April 2025)

(Current review paused)

Criteria

1. Rhinoplasty is commissioned in cases of trauma, where it is a clinical opinion that the initial reconstruction requires revision surgery. (This must be recorded in the patient's clinical notes).

2. Rhinoplasty is considered an aesthetic procedure and is not routinely commissioned.

3. Rhinoplasty to correct a deformity of the nose following contact sports where there are no symptoms of nasal obstruction is not routinely commissioned.

4. Septoplasty is commissioned when the patient has the following:

- obstruction of one or both nostrils

and

- has tried conservative measures without success, for example, 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

(**NOTE**: If the patient has a grossly deviated septum causing complete blockage of that nostril then the last two points do not apply)

NOTE: Prior to surgery, the degree of obstruction and the likelihood of a positive outcome should be assessed by an Ear Nose and Throat Surgeon (also known as an ENT surgeon) and documented in the patient's clinical notes.

5. Septo-rhinoplasty is commissioned only if deemed the most effective treatment for the patient's nasal obstruction, (this must be related to functional outcome and not appearance alone).

NOTE: Any additional surgery required at the time of the above procedures to ensure a good outcome needs to be documented in the patient's notes.

Exclusions

1. Rhinoplasty or Septo-Rhinoplasty to address the effects of facial trauma as part of the

initial care pathway for that trauma are excluded from this commissioning statement.

2. Manipulation of nasal fracture under anaesthetic is excluded from this commissioning statement.

3. Rhinoplasty or Septo-Rhinoplasty as part of the pathway of care for relevant cancers are excluded from this commissioning statement.

4. Rhinoplasty or Septo-Rhinoplasty as part of the late, or ongoing correction of complex congenital conditions, for example, Cleft lip and palate, are excluded from this commissioning statement.

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.