Surgical intervention for chronic rhinosinusitis

NHS Devon

Commissioning policy

Referral for specialist assessment

Referral for specialist assessment will only be funded when:

1. Patients have received a 3-month trial of intranasal steroids† and nasal saline irrigation **AND** have no improvement in symptoms of chronic rhinosinusitis (CRS) which is defined as:
   - Two or more persistent symptoms, one of which includes nasal obstruction (blockage or congestion) OR nasal discharge (anterior/posterior nasal drip).
   - Additional symptoms may include facial pain/pressure OR reduction or loss of smell.

   Patients with bilateral nasal polyps should also have had no improvement in symptoms 4 weeks after a trial of 5-10 days of oral steroids†.

   OR

2. There is a concern regarding significant pathology that requires urgent ENT specialist opinion, but the patient does not have symptoms and signs that warrant a two week wait suspected cancer referral.

   OR

3. Patients have unilateral symptoms (persistent purulent discharge or nasal obstruction with epistaxis) or clinical findings (unilateral nasal mass or polyp), orbital or neurological features. These patients should be referred via the 2-week suspected Head and Neck cancer pathway.

† *(unless contraindicated)*

Surgical treatment

Patients who have been referred for specialist assessment may be considered for endoscopic sinus surgery when the following criteria are met:

1. A diagnosis of CRS has been confirmed from clinical history and nasal endoscopy and / or CT scan

   AND

2. Disease-specific symptom patient reported outcome measure confirms moderate to severe symptoms after trial of appropriate medical therapy (Sinonasal Outcome Test [SNOT-22] score > 20, or a score of > 3 on a zero to ten visual analogue scale)

   AND

3. Pre-operative CT sinus scan has been performed and confirms presence of CRS*. A CT sinus scan does not necessarily need to be repeated if performed sooner in the patient's pathway.

   AND

4. Patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention.

* 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.

In line with guidance from the Academy of Medical Royal Colleges (2020), after appropriate specialist assessment endoscopic sinus surgery may be considered at a lower threshold than the above for the following indications:

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

Rationale for the decision

The Academy of Medical Royal Colleges Evidence Based Interventions (EBI) guidance notes that there is a strong evidence base and expert consensus opinion to support the medical management of chronic rhinosinusitis with intranasal steroids and nasal saline irrigation as a first-line treatment. They are low cost and low risk, with newer generations of nasal steroids safe for long-term use owing to minimal systemic absorption.

EBI states that there is evidence to support the trial of oral steroids, but only when nasal polyposis is present. The benefits of oral steroids should be balanced against the risks when considering repeated courses. A Cochrane review has demonstrated

the benefits of oral steroids can last up to three months; however, the risks and side effects must be balanced against benefit for the patient with repeated courses.

EBI states that there is evidence to support that when endoscopic sinus surgery is performed in appropriately selected patients (as outlined in the policy), it will lead to a significant and durable improvement in symptoms. There is also evidence that patients who undergo surgery early in their disease course will have a longer and more beneficial impact from the surgery. All national and international guidelines support consideration of endoscopic sinus surgery once appropriate medical therapy has failed.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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