1. **Policy Summary**

1.1 The Cosmetic and Lifestyle Treatment-Rhinoplasty is considered a low priority procedure and will not normally be funded. Funding requests are considered by the Suffolk CCG’s Individual Funding Request (IFR) Panel if there are exceptional circumstances i.e. there is something about the patient’s condition or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provided in an individual case when it is not routinely funded for others.

1.2 This partially excluded policy offers some guidance to the referring clinician and the IFR Panel when considering such requests. It must be clarified these are NOT referral criteria, and only supporting guidance for the IFR panel.

N.B The procedure Septo-Rhinoplasty is covered by commissioning statement: CS 1 - Commissioning Statement-Septorhinoplasty

2. **Background to the Procedure**

2.1 Rhinoplasty surgery to reshape the nose is a very common plastic surgery procedure and it can both increase and decrease the size of nose. The shape of the tip, the bridge and also the nostrils can be changed as can the angle between the nose and the upper lip. Sometimes breathing difficulties can be corrected at the same time. An operation called Reduction Rhinoplasty reduces the size of the framework of the nose over which the skin is draped. Another operation is called Augmentation Rhinoplasty which can improve the appearance of a flattened nose. Various materials are used for the additional framework such as bone, cartilage (gristle) and a range of manufactured materials.

3. **Rationale Behind Policy Decision**

3.1 Rhinoplasty is considered an aesthetic procedure and little evidence was found for its use in treating any underlying medical conditions and there is also no NICE guidance relating to the procedure. However there may be occasions where those who have been clinically assessed as having psychological symptoms, may demonstrate clinical need for surgical interventions.

3.2 The following guidance is in line with other CCGs as well as BAPRAS.
4. **Policy Procedure Guidance to CCG**

4.1 This applies to patients aged 18 and over.

4.2 The patient has psychological symptoms* and has undergone assessment. Patient has also had Pharmacological interventions to treat these. It is clear that there is a demonstrable clinical need, and the surgical interventions are likely to alleviate those psychological manifestations⁴

*Evidence suggests pharmacological interventions to reduce these symptoms are preferred over a cosmetic procedure such as Rhinoplasty surgery.

5. **References**


