Policy

THRESHOLDS FOR TREATMENT: ALL of the following criteria must be met

1. **Persistent moderate or severe symptoms despite medical management.**

   Symptoms are defined by the presence of two or more symptoms for at least 12 weeks, one of which should be:
   - Nasal obstruction and/or nasal discharge, and/or facial pain/pressure or anosmia*

2. **Topical steroid therapy and nasal saline irrigation has been used for 3 months**, and technique and compliance have been ensured.


Where there is the presence of a significant anatomical abnormality (e.g. large nasal polyp obstructing the nasal cavity, significant deviated septum), surgery may be required to correct the abnormality in addition to the patient requiring sinus surgery.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).
Background:

Rhinosinusitis is defined as inflammation of the nose and paranasal sinuses. Persistence of symptoms for more than 12 weeks is categorised as chronic rhinosinusitis.

Chronic rhinosinusitis (CRS) affects 10% of the UK adult population and is associated with a significant impact on quality of life.

Diagnosis is made by the presence of two or more persistent symptoms for at least 12 weeks, one of which should be nasal obstruction and/or nasal discharge, and/or facial pain/pressure or anosmia.*

It is recommended the clinicians use tools such as VAS score or SNOT 22 assessment to evaluate severity of symptoms.

The mainstay of CRS treatment is medical therapy. Surgery is reserved for recalcitrant cases.

GPs should refer to their local treatment pathways for the medical management of chronic rhinosinusitis. GPs should refer patients where the diagnosis is unclear or uncertain or where patients have failed medical therapies.

A secondary care clinician is required to complete a PPWT form for patients who meet the thresholds for treatment for surgery.

Red Flags

GPs should refer any patient with the following red flags, in line with the Pan London Suspected Cancer Guidelines

Ear, nose, sinus cancer

- Persistent unilateral otalgia
- Serosanguinous nasal discharge which persists for more than three weeks
- Unilateral nasal obstruction associated with a purulent discharge
- Facial palsy/cranial neuropathies
- Orbital masses
- Severe facial pain
References:


References continued…


