

Guideline for MoPH Physician Controllers

Ministry of Public Health - Lebanon

Septoplasty indications

Septoplasty is a surgical intervention to repair a deviated septum. The nasal septum is a thin wall that separates the right and left nasal cavities. Septoplasty may be necessary to repair an injury or as the result of removal of a tumor or polyps.

Criteria

Septoplasty may be considered medically necessary to correct functional breathing impairment when at least one of the following conditions exists:

1. Nasal septum trauma (within the past 18 months) that resulted in new and significant functional deformity.
2. Need for reconstruction after the removal of a tumor, nasal polyps, or surgical removal of part of the ethmoid bone.
3. Deviated septum produces chronic nasal airway obstruction unresponsive to conservative, appropriate medical therapy.
4. Deviated septum is the cause of recurrent, chronic sinusitis unresponsive to conservative, appropriate medical and antibiotic therapy.
5. Recurrent nose bleeds (4 or more significant episodes) related to a septal deformity that is unresponsive to conservative medical therapy:
6. Patient has unusual face pain that originates from the nasal area and is relieved by septal anesthesia.
7. Patient has an impending septal perforation with significant septal deviation that obstructs airflow.

References:

<http://www.prcguidelines.com/PRCGuidelines.aspx>

Checklist:

Condition	Present	Absent
Nasal septum trauma (within the past 18 months) that resulted in new and significant functional deformity.		
Need for reconstruction after the removal of a tumor, nasal polyps, or surgical removal of part of the ethmoid bone.		
Deviated septum produces chronic nasal airway obstruction unresponsive to conservative, appropriate medical therapy and antibiotic therapy.		
Recurrent nose bleeds (4 or more significant episodes) related to a septal deformity that is unresponsive to conservative medical therapy:		
Patient has unusual face pain that originates from the nasal area and is relieved by septal anesthesia.		
Patient has an impending septal perforation with significant septal deviation that obstructs airflow.		
