



**Acceptance Policy for Septorhinoplasty Cases  
Referral to Al- Nahdha Hospital**

ANH/ENT/POL/02/Vers.02  
Effective Date: June/ 2022  
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**Acronyms:**

OSA	Obstructive Sleep Apnea
ROP	Royal Oman Police
CLP	Cleft Lip Palate
INV	Internal Nasal Valve
BDS	body dysmorphic



## **1. Introduction**

Rhinoplasty or Nose job is one of the most popular and frequently performed surgery in Facial Plastic Surgery and otolaryngology practice today. The origin of surgery which dates back to Joseph's reduction rhinoplasty in 1898 for pure large hump deformity, its indication has expanded manifolds in current medical practice. The rhinoplasty may be done for purely aesthetic or cosmetic reasons but also for Functional reasons or Corrective Septorhinoplasty where simultaneous correction of both functional and aesthetic issues are dealt with .It is important to understand that form and function of nose both anatomically and functionally are interdependent and cannot be separated.

The corrective septorhinoplasty in such deviated or crooked nose remains one of the most challenging procedures. We have been performing this surgery successfully since 1991 in our department and developed the subspecialty. The majority of these patient are young individuals of post-traumatic origin; sports, childhood trauma being the common cause. Deformities are severe deviated, twisted or crooked nose with obstructed nose due to severely fractured and deviated nasal symptoms causing obstructive OSA symptoms. The management of such cases is Open Structure Corrective or functional septo-rhinoplasty to relieve nasal obstructions and secondly to give better cosmetic appearance by giving better nasal shape, thus improving their quality of life - physically, socially and psychologically. Septal surgery alone in such cases is contraindicated and counterproductive as it fails to relieve the symptoms and revision surgery on other hand in such cases is difficult due to depleted septal cartilage and necessitates the additional grafts from rib or conchal cartilages to correct the deformity.

Considering the increasing numbers of cases referred to our institution for septorhinoplasty from all over country and large number of cases waiting for surgery, we need to set policy guidelines for accepting such cases at Al Nahdha hospital.

## **2. Scope**

All health care facilities including:

- 2.1 All Regional Hospitals.
- 2.2 Tertiary care hospitals Khoula Hospital, Royal Hospitals
- 2.3 ROP hospital
- 2.4 Diwan Polyclinic
- 2.5 Bowsher and Seeb Polyclinics.



### 3. Purpose

The primary purpose of this guideline is to provide recommendations for clinicians i.e ENT doctors at regional / local hospital about rhinoplasty cases and optimise the patient care. The target audience is any clinician or individual, in any setting, involved in the management of nasal deformity. The target population is all patients aged  $\geq 18$  years.

#### 3.1 The main objective of guideline:

- 3.1.1 Define which cases that should be referred to us from Seeb and Bawshar Poly Clinics and regional hospitals.
- 3.1.2 Scrutinize the online referral of cases.
- 3.1.3 Prioritizing of the cases for surgery.

### 4. Definitions

Septorhinoplasty is defined as a surgical procedure that alters the shape or appearance of the nose while improving or preserving the nasal airway.

### 5. Policy

#### 5.1 Inclusion criteria: cases to be accepted:

- 5.1.1 **Age:** above 18 years preferably unless severe obstructive symptoms, it can be done earlier after age of 12-13 years.
- 5.1.2 **Crooked or deviated nose deformity:** Causing moderate to severe nasal obstructive symptoms due to structural deformity of nasal septum and external nose (Functional & aesthetic problems) especially post traumatic or developmental causes.
- 5.1.3 Post cleft lip palate (post CLP) repair deformity: nasal deformity with obstructive symptoms due to gross deviated nasal septum.
- 5.1.4 Difficult primary cases which cannot be done at regional hospital citing reasons for referral.
- 5.1.5 Nasal valve pathology primary or secondary e.g. Alar collapse, INV (internal nasal valve) insufficiency, vestibular stenosis due to structural cause.
  - 5.1.5.1 Secondary or revision cases.
  - 5.1.5.2 Difficult or severe caudal septal deformity which cannot be done at regional hospital due to lack of expertise.
  - 5.1.5.3 Septal perforation- symptomatic.
  - 5.1.5.4 Saddle nose deformity.



- 5.1.5.5 Complete tip collapse causing obstructive symptoms.
- 5.1.5.6 Binder's syndrome.
- 5.1.5.7 Ugly Nasal deformity causing social and psychological issues especially in young adults (to be done after clinical psychologist evaluation).

## **5.2 Exclusion criteria: which cases not to be accepted:**

5.2.1 Cosmetic deformity: No case for cosmetic rhinoplasty will be accepted. Examples:

- 5.2.1.1 Hump deformity.
- 5.2.1.2 Tip deformity- Wide, bulbous tip, over projected or under projected tip, Bifid tip.
- 5.2.1.3 Alar flaring –wide nostrils.
- 5.2.1.4 Broad or big nose deformity.
- 5.2.1.5 Hanging collumella.
- 5.2.1.6 Alar asymmetry.
- 5.2.1.7 Deep, flat radix.
- 5.2.1.8 Mild supratip collapse.
- 5.2.1.9 Nostril asymmetry.
- 5.2.1.10 Patient with body dysmorphic (BDS) features.
- 5.2.1.11 Patient with Psychological overlays and on psychotropic medications.
- 5.2.1.12 Polly-beak deformity for cosmetic reasons only.
- 5.2.1.13 Patient with mild deformity even post traumatic with no functional symptom to be discouraged and counselled against surgery.
- 5.2.1.14 Cosmetic Nasal deformity - post orthognathic surgery.
- 5.2.1.15 Septal perforation –asymptomatic.

## **6. Procedure**

### **6.1 Referral Policy:**

- 6.1.1 In some regional hospital facility for Septo-Rhinoplasty surgery is available now with trained ENT doctors. These hospitals are Nizwa regional in Dakhaliya region, Rustaq Hospital in South Batinah, Sohar Hospital in North Batinah and Sultan Qaboos Hospital in Salalah and Sur Hospital South Al Sharqia.
- 6.1.2 Hence to reduce the number of our waiting cases and streamline referrals, the patient from Batinah region should be referred to ENT department in Rustaq (Dr.Ziyad Al Harrasi) or Sohar Hospital (Dr.Salwa Al Mamari or HOD).



- 6.1.3 Similarly all cases from Dakhliya region- in addition to referrals from Ibri, Ibra and Sinaw Hospital should be referred to ENT department at Nizwa hospital (Dr.Khamis Al Mufraji).
- 6.1.4 Cases from Salalah should be referred to Sultan Qaboos Hospital, Salalah (Dr.Salim Tabook).
- 6.1.5 Cases from South Al Sharqiya should be referred to Sur Hospital (Dr.Muna Al Araimi).
- 6.1.6 Al Nahdha hospital will receive referrals only from Bowsher Polyclinic, Seeb Polyclinic, Diwan clinic, Buraimi Hospital and Musandum Governate, Masirah Wilayat in addition to difficult cases referred from Nizwa Hospital, Rustaq Hospital, Sohar Hospital and Sultan Qaboos Hospital , Salalah (only if referred by the same experienced surgeons mentioned above).

## **7. Responsibilities**

- 7.1 Doctors receiving online referrals coming from regional hospitals and other institutions, policy as stated above should be followed.
- 7.2 Medical record section should follow the policy guideline referrals as stated above.

### **7.3 Prioritizing the Cases once accepted and seen in the Rhinoplasty clinic:**

- 7.3.1 All waiting Septorhinoplasty patients are listed and updated periodically in ‘Surgery Priority List’ in Al Shifa system under category Rhinology name of Concern Surgeon.
- 7.3.2 Those cases with severe obstructive symptom due to severe crooked nose deformity with grossly deviated septum will be given priority for surgery.
- 7.3.3 Patient with mild to moderate nasal obstructive symptoms can wait for surgery according to time seen (oldest to newest).
- 7.3.4 As per priority outlined above, patients will be booked for surgery in advance by Consultant incharge and call center will inform the patient about their surgical appointment.

### **7.4 The management of Rhinoplasty patient: Summarized as following:**

#### **7.4.1 Consultation:**

- 7.4.1.1 History.
- 7.4.1.2 Clinical Examination.
- 7.4.1.3 Investigations.
- 7.4.1.4 Clinical Photographs: Frontal, basal, lateral, oblique and Bird’s eye views.



7.4.1.5 Pre-clinical checkup (2nd visit).

7.4.1.6 Informed consent.

**7.4.2 in patient management:**

7.4.2.1 Admission.

7.4.2.2 Pre anesthetic checkup.

7.4.2.3 Surgery.

7.4.2.4 Immediate Post op care.

7.4.2.5 Discharge policy (one day after surgery).

**7.4.3 Instructions and Post op follow up in Outpatient clinic**

7.4.3.1 After 1 week for collumellar sutures and inner splint removal.

7.4.3.2 At 2<sup>nd</sup> week for External splint removal.

7.4.3.3 Further follow up as scheduled at 1month, 3<sup>rd</sup> month, 6<sup>th</sup> and 12 months.





### 8. Document History and Version Control

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
01	Initial Release	Dr. Amar Singh	2019
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<b>Written by</b>		<b>Reviewed by</b>	<b>Approved by</b>
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**9. References:**

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