

Policy Recommendation: Functional endoscopic sinus surgery for chronic rhinosinusitis and nasal polyps**Date of Issue: Presented but not endorsed Feb 2013
Reviewed Feb 2017**

The South Central Priorities Committee has considered the evidence for functional endoscopic sinus surgery (FESS) for chronic rhinosinusitis and nasal polyps. NHS funding for functional endoscopic sinus surgery is RECOMMENDED as a treatment option ONLY for patients with chronic rhinosinusitis and/or nasal polyps in whom the following criteria are met:

1. The patient has had severe and persistent symptoms despite treatment for at least twelve months AND
2. Symptoms on optimal medical therapy have a significant impact on the patient's quality of life AND
3. The following medical therapies have been tried with inadequate response or are contra-indicated
 - i. Regular use of saline douching and nasal steroid AND
 - ii. For patients with nasal polyps attempts at medical polypectomy using a short course of prednisolone 0.5mg/kg and topical corticosteroid for 1 to 2 months, repeated at three-monthly intervals while patient shows response and provided there are no contra-indications AND/OR
 - iii. For patients with chronic rhinosinusitis, treatment with oral antibiotic (macrolide) for three months + douche + topical steroids.

Rhinosinusitis is inflammation of the lining of the sinuses and nasal cavities. Chronic rhinosinusitis is diagnosed when symptoms persist for more than twelve weeks, and can be complicated by the development of nasal polyps. One treatment option is functional endoscopic sinus surgery. A surgeon inserts a rigid endoscope through the nostril and uses fine cutters and powered debriders to remove tissue.

A Cochrane review of functional endoscopic sinus surgery concluded that the procedure appears no more effective than medical treatment in managing chronic rhinosinusitis.