

AAO-HNS releases consensus statement: diagnosis and management of nasal valve compromise

EurekAlert

Alexandria, VA ? Today, the American Academy of Otolaryngology Head and Neck Surgery (AAO-HNS) announced the release of a consensus statement to address ambiguities and disparities in the diagnosis and management of nasal valve compromise (NVC).

Nasal valve compromise (NVC) is a distinct and primary cause for symptomatic nasal airway obstruction, yet there remain ambiguities and disparities in the diagnosis and management of this condition. Other etiologies for nasal airway obstruction, either structural or inflammatory, may co-exist or mimic the symptoms caused by NVC. Furthermore, current procedural terminology (CPT) billing coding schemes for nasal valve surgery are unclear, as are the boundaries and overlap with other nasal surgical codes.

In order to help organize and disseminate information regarding NVC, the AAO-HNS convened a panel of member experts to create the clinical consensus statement (CCS) which is designed to inform and educate clinicians. Clinical consensus statements are provided for informational and educational purposes only. They are based on the opinions of carefully chosen expert panels and are promoted as such. The purpose of the expert panel is to synthesize information, along with possible conflicting interpretations of the data, into clear and accurate answers to the question of interest. The primary objective of the panel's work was to develop a CCS on NVC using a Modified Delphi Method, which is a rigorous and standardized approach to minimize bias and facilitate an established position.

The panel found consistent literature of benefit of surgical treatment of NVC, but the evidence relied mostly on uncontrolled studies. The panel generally agreed on the anatomic and functional features that define the distinct clinical entity of NVC and that it is best evaluated with history and physical exam findings. Endoscopy and photography are useful but not always routinely indicated, while radiographic studies are not felt to be useful in evaluating NVC. Other objective nasal outcome measures are not routinely used and may not be useful for this particular nasal condition. Nasal steroid medication is not useful for treating NVC in the absence of rhinitis, and mechanical treatments may be useful in selected patients. Surgical treatment is the primary mode of treatment of NVC, but bill coding remains ambiguous and confusing.

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Published on Medical Design Technology (<http://www.mdtmag.com>)

Source URL (retrieved on 02/01/2015 - 9:05pm):

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[1] http://www.eurekalert.org/pub_releases/2010-07/aaoo-arc060710.php