

**Primary care Management of Chronic Rhinosinusitis (with or without nasal polyps)**

**(adapted from EPOS pocket guide 2012** [**http://ep3os.org/pdf/EPOSpocketguide2012.pdf**](http://ep3os.org/pdf/EPOSpocketguide2012.pdf) **)**

**Diagnosis**

Symptoms present equal or longer than 12 weeks

2 or more symptoms one of which should be either nasal blockage/obstruction/congestion or nasal discharge (anterior/posterior nasal drip):

+/- facial pain/pressure,

+/- reduction or loss of smell;

**Signs (if applicable)**

• nasal examination

• oral examination: posterior discharge;

exclude dental infection.

**Additional diagnostic information**

• questions on allergy should be added and, if positive, allergy testing should be considered.

**Not recommended**: plain x-ray or CT scan

2 or more symptoms present for >12/52, Including one of:

Nasal blockage/ obstruction/ congestion or nasal discharge (anterior or PND)

+/- facial pain/ pressure

+/- reduction or loss of smell

**Red Flags**: consider urgent referral/ investigation

Unilateral symptoms

Bleeding

Crusting

Cacosmia

**Orbital symptoms**:

* Peri-orbital oedema/ erythema
* Discplaced globe
* Double or reduced vision
* Ophthalmoplegia

Severe frontal headache

Frontal signs

Signs of meningitis

Neurological signs

Examination: anterior rhinoscopy

Xray/ CT not recommended

**Topical nasal steroids**

Eg. Beconse, mometasone or flixonase sprays or flixonase nasules

**Nasal Irrigation**

**Consider oral antibiotics**:

Up to 3/52 course of oral

Erythromycin or clarithromycin

Re-evaluate after 4/52:

If no improvement:

Consider ENT referral

If Improvement:

Continue treatment

**Recommended Treatment: in line with CCG guidelines:**

Topical nasal steroids: 1st line – beconase/ flixonase or mometasone nasal spray

(Ensure correct usage – <http://www.patient.co.uk/health/Nose-Sprays-(Steroid).htm> )

2nd line – flixonase nasules (for maximum of 6/52)