

SOUTH AFRICAN SOCIETY FOR OTOLARYNGOLOGY – HEAD AND NECK SURGERY: OFFICIAL VIEWPOINT ON BALLOON SINUPLASTY (BSP)

1. The SA Society for ORL-HNS acknowledges the arrival of this relatively novel technique in the management of chronic rhinosinusitis (CRS).
2. The Society reconfirms that principles of evidence-based diagnosis, decision-making and management should be maintained.
3. Following an extensive study on the literature, safety data, status in other countries, current indications and contra-indications tabled in the literature, as well as cost analysis, it is clear that the absence of sufficient comparative outcomes data prevents the establishment and development of appropriate indications and guidelines, as well as the assessment of the relative value of BSP, and its impact on the macroeconomics of healthcare.
4. Considering the tremendous cost attached to the product, the economic and financial impact resulting from the use of BSP on a burdened South African health care system, within the private as well as the public sector, remains of concern.
5. Feasibility and suitability of the technique will follow from objective and sufficient proof of not only the rendering of a safe, easily mastered technique and the rate of success, but also the financial gain to the patient embodied in shorter theatre times, lower incidence of general care and post-operative debridements, lower complication rates, lower revision rates and a lesser need for medication.
6. No blinded, prospective, randomised, controlled trials comparing BSP to FESS has been published to date leaving a number of important issues unanswered that needs to be addressed. Within the current body of literature relating to BSP, it is impossible to ascertain whether BSP is equivalent or superior to the existing instruments employed in FESS in the management of CRS.
7. The Society confirms that BSP has a useful role in the management of frontal sinus disease, although caution should be exercised in the management of revision cases where anatomical landmarks have already been altered. Indications to employ BSP in the primary management of maxillary antral as well as sphenoidal sinus disease cannot be supported however. The technique may in addition prove advantageous in the management of patients admitted to ICU as well as patients on anticoagulant treatment.
8. Decision towards funding of this technique by the healthcare funding industry remains the prerogative of the industry.