This document is designed to aid the clinical decision-making for GPs seeing patients presenting with Nasal Polyp in the primary care setting.

Current thinking is that medical management of polyps, if successful, is preferable to surgery as the recurrence rate of polyps post-operatively is close to 100%

Patient Presentation
Nasal Polyps

**PRIMARY CARE**
Newly diagnosed unilateral polyp (?neoplasia), bleeding polyps (?neoplasia), occupational history of woodworking (?neoplasia), age under 16 (?cystic fibrosis)

**SECONDARY CARE REFERRAL**
(mark as ‘urgent’)
For further investigation

**PRIMARY CARE**
Bilateral or recurrent unilateral nasal polyp disease

**PRIMARY CARE**
Mild or Moderate symptoms
budesonide 64mcg
2 sprays each side once daily (3 months)

**SECONDARY CARE REFERRAL**
(referral)
For assessment and ?polypectomy

**PRIMARY CARE**
Severe symptoms
Consider trial short course oral steroids 10/7. The average adult dose is 30mg prednisolone per day
Followed by 2/52 fluticasone nasules
½ nasule each nostril bd,
Followed by budesonide 64mcg
1 spray each side once daily (6 weeks)

**PRIMARY CARE**
Improvement
Consider continued topical treatment
Review 6 monthly

**PRIMARY CARE**
No Improvement
Check diagnosis
Check medicines use

**PRIMARY CARE**
Symptoms persist following review

**SECONDARY CARE REFERRAL**
(routine)
For assessment and ? polypectomy

Correct use of drops is key to successful treatment.
Information about drops is included in this link
‘Patient Information on Nasal Polyps’

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References: Awaiting references
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