



ENGLISH TRANSLATION PREPARED BY AESNV

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FEDERAL SENATE

INDICATION No. 84, OF 2025

Suggests that the Ministry of Education revise the competency framework of the medical residency program in Otolaryngology, in order to include guidance on the careful indication of nasal surgeries and the risks associated with **Empty Nose Syndrome**.

AUTHORSHIP: Senator Mara Gabrilli (PSD/SP)

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Suggests to the Executive Branch, through the Ministry of Education, that it revise the competency framework of the medical residency program in Otolaryngology, in order to include guidance on the careful indication of nasal surgeries and the risks associated with **Empty Nose Syndrome**.

We suggest to the Federal Executive Branch, through the Minister of Education, pursuant to Article 224, item I, of the Internal Regulations of the Federal Senate (RISF), that it submit to the National Medical Residency Commission (CNRM) the proposal to promote studies aimed at assessing the appropriateness of revising the competency framework of the medical residency program in Otolaryngology, in order to include clear guidance on the indication, execution, and limits of surgical procedures on the **nasal turbinates**, with emphasis on the prevention of complications resulting from such procedures.

JUSTIFICATION

This Indication aims to draw the attention of the Executive Branch to an issue of growing relevance in public health and specialized medical training: complications resulting from surgeries on the **nasal turbinates**.

Although these complications are not currently recognized as a disease in the International Classification of Diseases (ICD), they have been grouped by physicians such as Monika Stenkvist and Eugene Kern under the term **Empty Nose Syndrome (ENS)**. This is a rare but devastating complication that may result from nasal surgeries, especially those involving partial or total removal of the nasal turbinates (turbinectomy).

The nasal turbinates are fundamental structures for respiratory physiology, responsible for warming, humidifying, filtering, and regulating the flow of inspired air. Their excessive removal may lead to a paradoxical condition in which the patient, despite having a physically unobstructed airway, experiences an anguishing sensation of suffocation, extreme nasal dryness, pain, and sleep disturbances, with a profound impact on mental health and quality of life. The fact that ENS does not have a specific ICD code hinders its formal recognition, diagnosis, and access to treatment.

Recently, at a public hearing held by the Human Rights and Participatory Legislation Committee of the Federal Senate (CDH) on November 5, 2025, specialists and patients highlighted the **iatrogenic** nature of the syndrome, that is, its origin in inadequate medical procedures. Dr. Márcio Nakanishi, representative of the Brazilian



Association of Otolaryngology and Cervico-Facial Surgery, warned that turbinate surgery should not be trivialized and that prevention is the fundamental pillar to avoid this condition. In his words:

“We learn to indicate a surgery in three months, to perform it in three years, and to know when not to perform it in thirty years. That wisdom is what can prevent the suffering of so many patients.”

Improving medical training is the main tool for the prevention of ENS. The National Medical Residency Commission (CNRM), established by Law No. 6,932 of July 7, 1981, and regulated by Decree No. 11,999 of April 17, 2024, is a collegiate body of a consultative and deliberative nature linked to the Ministry of Education (MEC), with the competence to “regulate, supervise, and evaluate medical residency programs” and to “approve resolutions, competency frameworks, opinions, and technical notes” (Article 4, items I and XVIII). The intersectoral composition of the CNRM, with representatives from the Ministries of Education and Health, the Federal Council of Medicine (CFM), health system management councils, and medical entities, makes it the ideal forum to deliberate on this matter, which involves both educational and public health aspects.

International guidelines, such as those of the **American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)**, establish that turbinate surgery should only be indicated after the failure of conservative clinical treatment for a minimum period of three months, which may include nasal corticosteroids, antihistamines, and treatment of underlying conditions such as allergic rhinitis. In addition, the scientific literature advocates the use of surgical techniques that preserve the mucosa and structure of the nasal turbinates to the greatest extent possible, avoiding radical resections that increase the risk of severe complications.

As noted by representatives of the Federal Council of Medicine during the aforementioned Senate hearing, **Empty Nose Syndrome remains poorly known and recognized even among otolaryngology specialists**. This gap in knowledge reinforces the need for the training of future otolaryngologists to explicitly and thoroughly include instruction on nasal physiology, careful indications for surgical procedures, and, fundamentally, the risks of severe complications associated with such procedures.

In this context, the inclusion of clear guidance on the indication, execution, and limits of surgical procedures on the nasal turbinates in the competency framework of the medical residency program in Otolaryngology represents not only a technical advancement, but also the strengthening of patient safety and the principles of ethical, evidence-based medical practice. This is a preventive measure, aligned with international best practices and with concerns expressed by specialists and civil society, which can prevent the suffering of countless patients and their families.

Session Hall,
Senator MARA GABRILLI

Literal translation into English based on the official document of the Federal Senate of Brazil. Original text in Portuguese.

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