

In-Office Balloon Sinuplasty

Lasting Relief Without Surgery

Patients suffering from chronic sinusitis are looking for a treatment option that provides lasting relief without surgery or the side effects and cost of traditional surgical treatments. ENT of Bowling Green is now offering in-office balloon sinus dilation for appropriately selected patients.

In-office balloon sinus dilation, or balloon sinuplasty, offers a minimally-invasive option with a fast recovery, and is increasingly becoming the preferred choice of patients. Hugh Sims, M.D. and Brad Morris, M.D. are able to treat many patients with maxillary, anterior ethmoid, frontal and sphenoid

disease comfortably in their office with balloon sinuplasty.

What is balloon sinuplasty?

Performed by a qualified ENT physician, balloon sinuplasty is used to treat chronic sinusitis patients who have not responded to medications and therapies. Similar to angioplasty to open blocked arteries, balloon sinuplasty uses a balloon to expand the sinus opening in order to flush out mucus in the infected sinus. Following the procedure, the treated sinus remains open to allow for normal sinus drainage and relief of sinus pressure.

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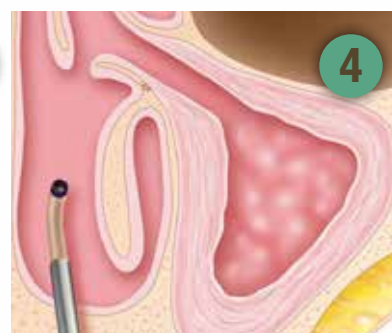
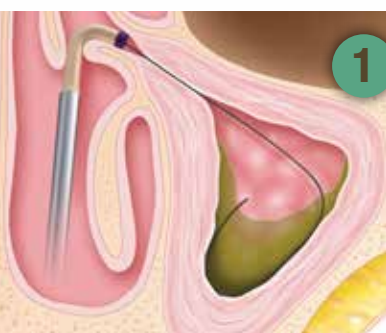
- Bell's Palsy Update Recommendations
- Indications For Tonsil Removal

Since the procedure is relatively new, long term studies are not yet available. However, studies report durable results lasting up to two years after the procedure.

Prior to the introduction of balloon sinuplasty, the only surgical option for clearing blocked sinuses was known as functional endoscopic sinus surgery (FESS). This traditional method of surgery, which removes bone and tissue from the nose to enlarge the sinus opening, usually requires general anesthesia and has an associated longer recovery period.

FESS may still be the most appropriate treatment option for many patients. Patients are evaluated using CT scan prior to scheduling any surgical or balloon procedures to ensure the appropriate management option is selected. ■

Similar to angioplasty, we can now dilate sinus openings to facilitate drainage. For appropriate patients, ENT of Bowling Green can now perform balloon sinuplasty in the office.



Patient Information about Bell's Palsy

- Bell's palsy is an uncommon condition, but it is the most common facial nerve disorder and affects both men and women across a wide range of ages.
- Bell's palsy is a condition that causes the facial nerve not to work properly causing paralysis and distortions of the face. The distortions can appear as facial drooping or immobility.
- Bell's palsy occurs when the facial nerve is damaged by swelling and pressure. The exact cause is not known.
- The facial nerves control the muscles of the face, the ears, the saliva glands in the mouth and tears in the eyes, and provide some of the sense of taste on the tongue.
- A person's facial paralysis or weakness may range from mild to severe.
- It is important that a health care provider rule out other, non-Bell's conditions which may be causing the facial paralysis.
- The recovery time and the severity of symptoms vary among individuals. However, most people affected by Bell's palsy will recover facial nerve function over a period of time.

Important Points about the AAO-HNS Bell's Palsy Guideline

Clinicians should assess the patient using history and physical examination to exclude identifiable causes of facial paresis or paralysis in patients presenting with acute onset unilateral facial paresis or paralysis.

Clinicians should not obtain routine laboratory testing in patients with new onset Bell's palsy.

Clinicians should not routinely perform diagnostic imaging for patients with new onset Bell's palsy.

Clinicians should prescribe oral steroids within 72 hours of symptom onset for Bell's palsy patients 16 years and older.

Clinicians should not prescribe oral antiviral therapy alone for patients with new onset Bell's palsy. Clinicians may offer oral antiviral therapy in addition to oral steroids within 72 hours of symptom onset for patients with Bell's palsy.

Clinicians should implement eye protection for Bell's palsy patients with impaired eye closure.

Clinicians should not perform electrodiagnostic testing in Bell's palsy patients with incomplete facial paralysis. Clinicians may offer electrodiagnostic testing to Bell's palsy patients with complete facial paralysis.

No recommendation can be made regarding surgical decompression of the facial nerve for Bell's palsy patients.

No recommendation can be made regarding the effect of acupuncture in Bell's palsy patients.

No recommendation can be made regarding the effect of physical therapy in Bell's palsy patients.

Clinicians should reassess or refer to a facial nerve specialist those Bell's palsy patients with (1) new or worsening neurologic findings at any point, (2) ocular symptoms developing at any point, or (3) incomplete facial recovery 3 months after initial symptom onset. ■

Guidelines published by the American Academy of Otolaryngology - Head and Neck Surgery and can be viewed at www.entnet.org



Important Points about the AAO-HNS Tonsillectomy Guideline

In an era of comparative effectiveness research, well-crafted guidelines help improve quality, promote optimal outcomes, minimize harm, and reduce inappropriate variations in care.

Most children with frequent throat infection get better on their own; watchful waiting is best for most children with less than seven episodes in the past year, five a year in the past two years, or three a year in the past three years.

Severe throat infections are those with fever of 101 or higher, swollen or tender neck glands, coating (exudate) on the tonsils, or a positive test for strep throat.

Tonsillectomy can improve quality of life and reduce the frequency of severe throat infection when there are at least seven well-documented episodes in the past year, five a year in the past two years, or three a year in the past three years.

Children with less frequent or severe throat infections may still benefit from tonsillectomy if there are modifying factors, including antibiotic allergy/intolerance, a history of peritonsillar abscess (collection of pus behind the tonsil), or PFAPA syndrome (periodic fever, aphthous stomatitis, pharyngitis, and adenitis).

Large tonsils can obstruct breathing at night, causing sleep-disordered breathing (SDB), with snoring, mouth breathing, pauses in breathing, and sometimes sleep apnea (pauses more than 10 seconds).

Doctors should ask parents of children with SDB and large tonsils about problems that

might improve after tonsillectomy, including growth delay, poor school performance, bedwetting, and behavioral problems.

Although most children with SDB improve after tonsillectomy, some children, especially those who are obese or have syndromes affecting the head and neck (e.g., Down), may require further management.

Doctors should give a single, intravenous dose of dexamethasone (a steroid medicine) during tonsillectomy to reduce pain, nausea, and vomiting after surgery.

Doctors should not routinely prescribe antibiotics to improve recovery following tonsillectomy surgery, because medical studies show no consistent benefits over placebo and there are associated risks and side effects.

Doctors should educate parents about the importance of managing and reassessing

Purpose of the Tonsillectomy Guideline

- To help clinicians identify children who are the best candidates for tonsillectomy (and those who are not)
- To optimize the before-and-after care of children undergoing tonsillectomy
- To improve counseling and education of families who are considering tonsillectomy for their child.

pain after tonsillectomy. Strategies include drinking plenty of fluids, using acetaminophen or ibuprofen for pain control, giving pain medicine early and regularly, and encouraging their child to tell them if their throat hurts. ■

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ENT of Bowling Green is led by Hugh Sims, M.D. and Brad Morris, M.D., otolaryngologists who specialize in the medical and surgical treatment of disorders of the ears, nose, throat and related structures. ENT of Bowling Green serves all general ENT needs including the diagnosis and treatment of disorders related to the middle ear. Along with Nurse Practitioner Kellye Rone, APRN, we offer services for both adult and pediatric patients.

We are located at 340 New Towne Drive off of Lovers Lane in Bowling Green, Ky. ■

ENT of Bowling Green

Often, there is little communication between providers of specialty care and referring providers regarding research and information on current best clinical practices.

We would like to share some of the recent information, changes and recommendations from the Otolaryngology community.

If we can be of service, feel free to contact us at any time.

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