



Sinusitis and the Primary Care Practice

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Disclosure

none

Learning Objectives

- UNDERSTAND THE RATIONALE BEHIND TREATMENT CHOICE
- UNDERSTAND THE BURDEN OF SINUSITIS IN THE UNITED STATES
- REVIEW COMPUTERIZED TOMOGRAPHY GUIDELINES
- IDENTIFY FESS, HYBRID, AND BALLOON TREATMENTS

Disease Burden of Sinusitis - U.S. Data

- Estimated 37 million cases of sinusitis each year
 - 26.7 million hospital outpatient, physician office and emergency department encounters attributed to sinusitis* (1996)
 - Over 15 million office visits per year result in primary diagnosis of sinusitis* (1996)
- Approximately 20 million cases of acute bacterial sinusitis (ABS) in the U.S. annually
- Sinusitis is the fifth most common diagnosis for which antibiotics are prescribed
- The economic impact of work loss in the United States for sinus and allergy disease is greater than back and heart combined.

Types of Sinusitis

- **Acute**
 - Less than 4 weeks
- **Recurrent Acute**
 - 4 or more episodes of acute sinusitis per year
 - Potential Balloon Sinuplasty candidate
- **Chronic**
 - More than 12 weeks
 - Potential Balloon Sinus Dilation candidate

Computerized Tomography

- Plain Sinus X-rays are no longer recommended
- CT of the Sinus is superior
- CT is required before surgical intervention
- Volumetric CT for GPS location
- MACRA GUIDELINES

CASE STUDY

1

- 66 Y.O. male
- No response to maximum Therapy
- Lavage
- Antibiotics
- Steroid sprays
- CT Proven Disease

CAT SCAN RESULTS

CASE 1



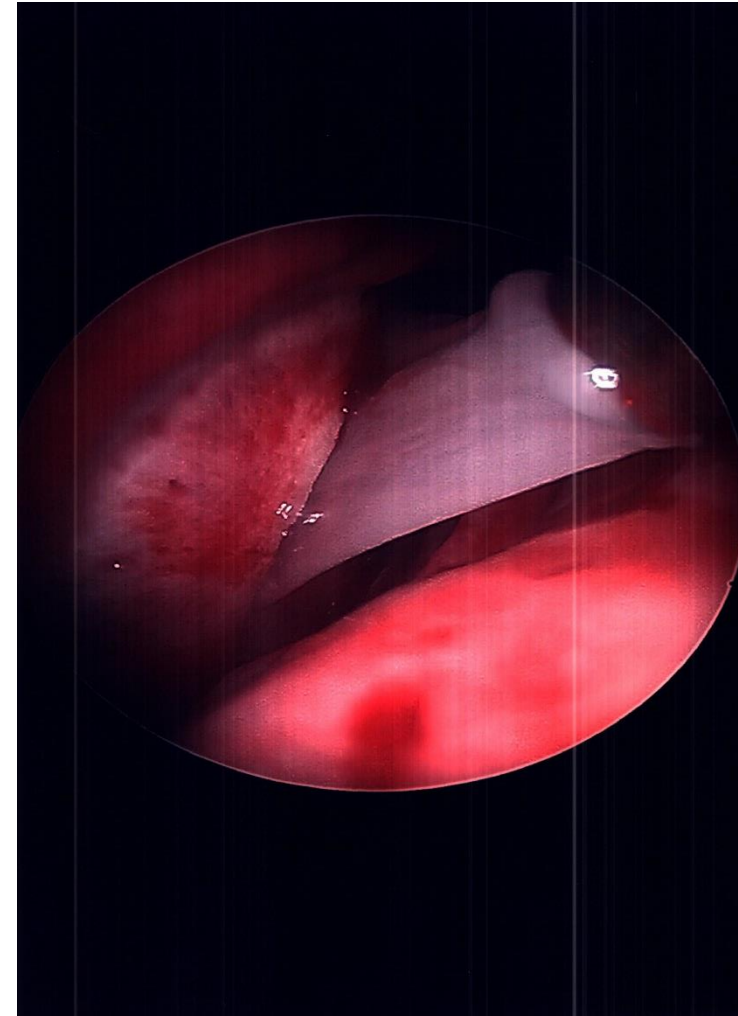
SURGICAL FINDINGS

CASE 1



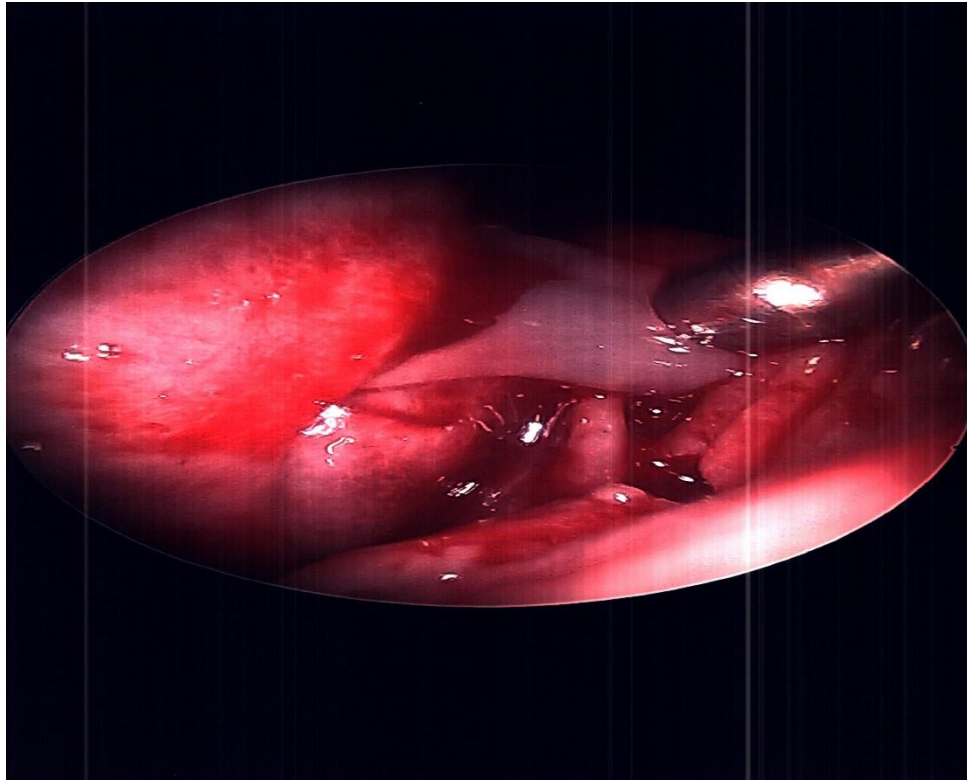
Case1

- Mucous being removed from the natural ostia of the maxillary sinus

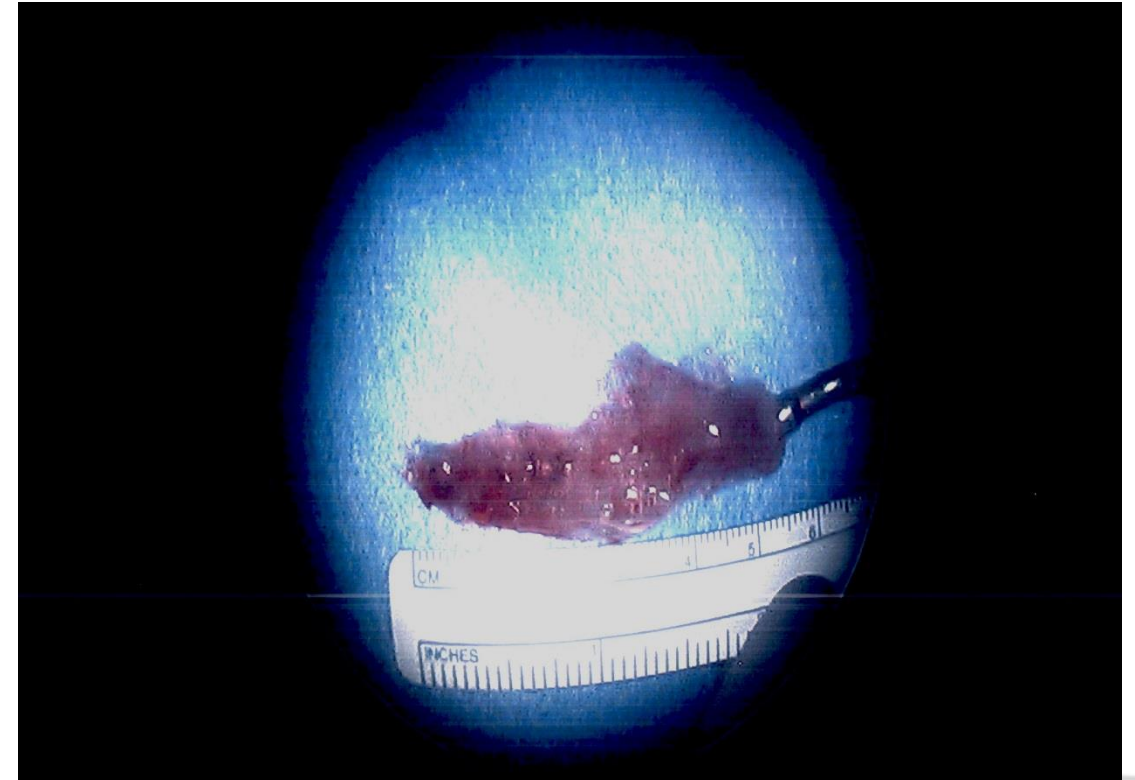


CASE 1

Right Maxillary Sinus ostia with suction

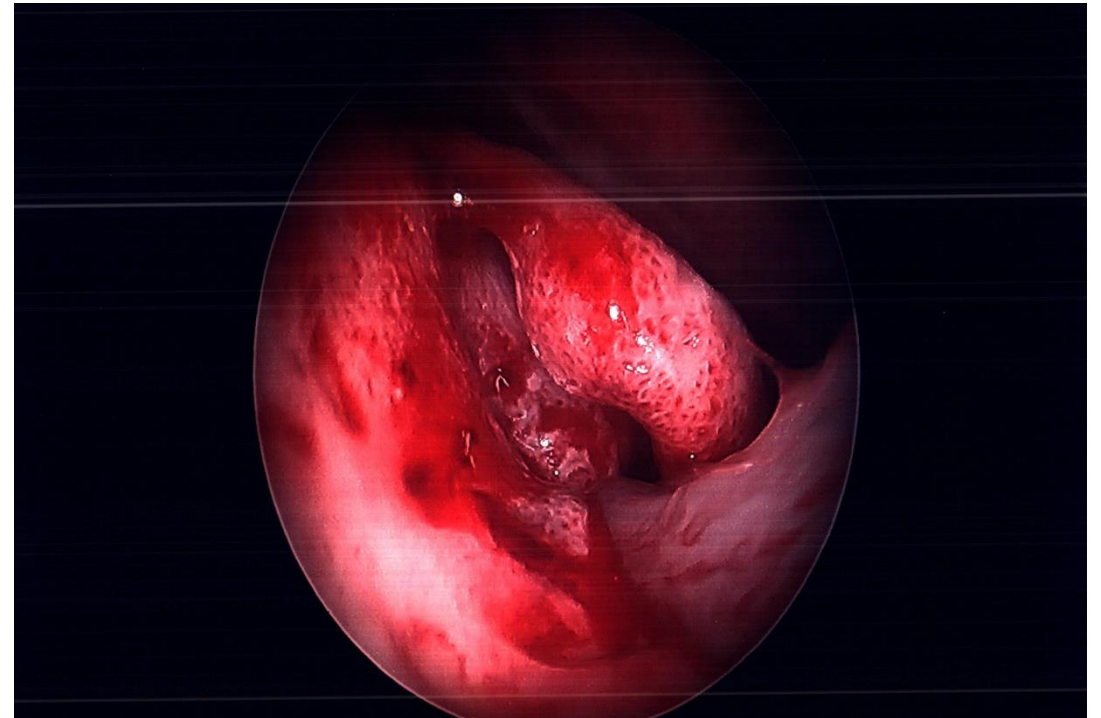
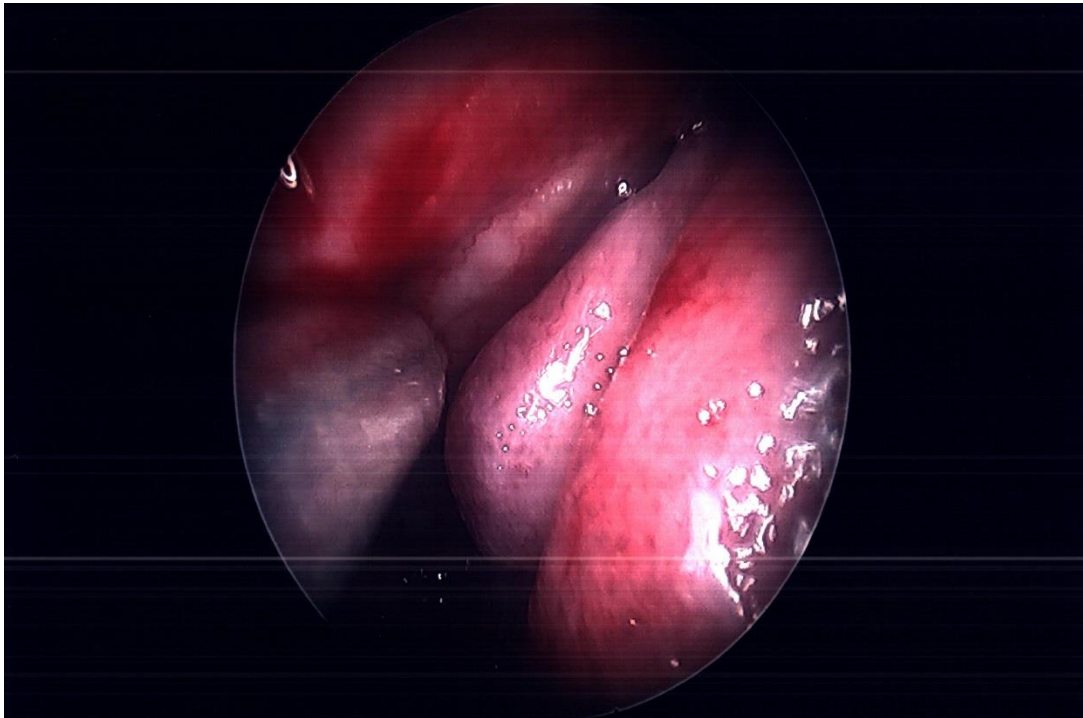


Mucous Mass



Case 1

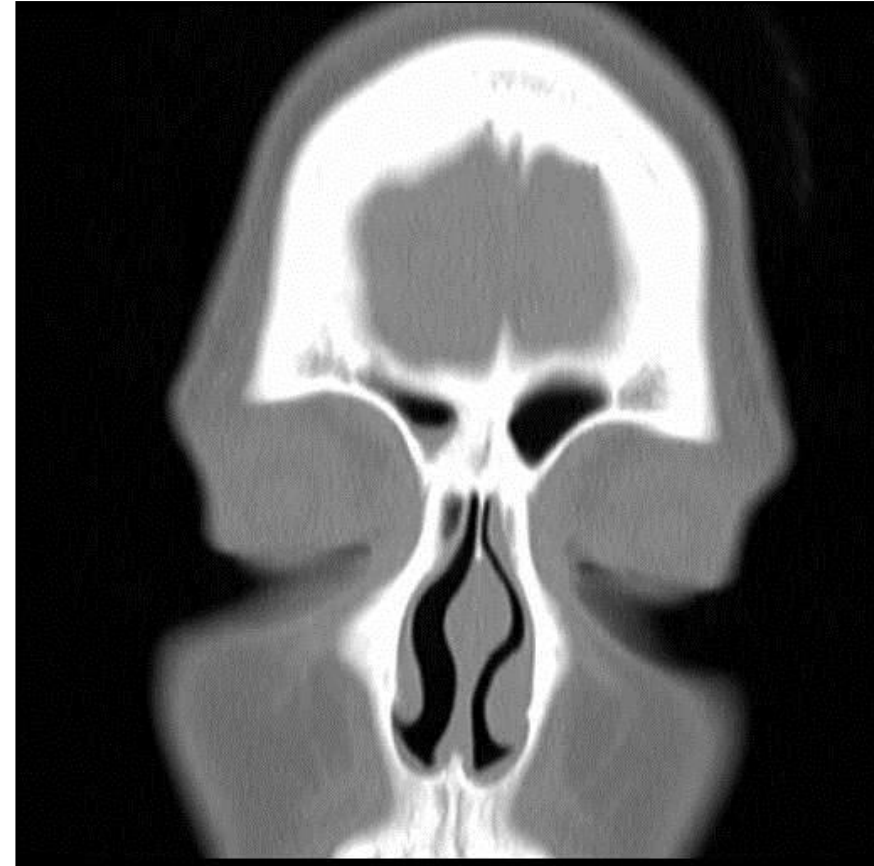
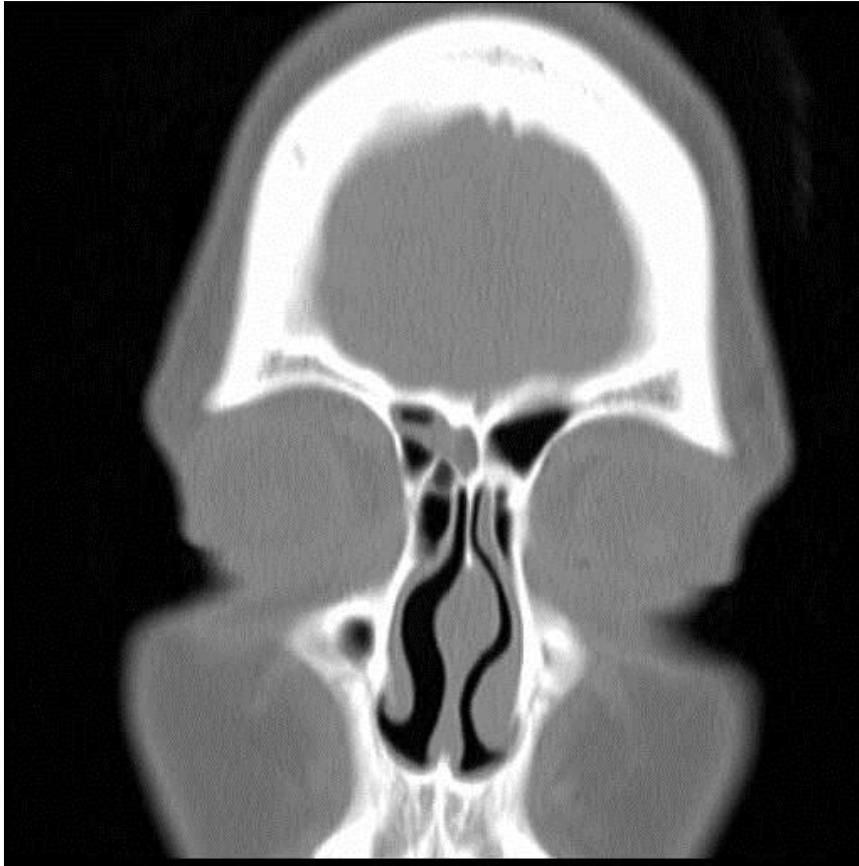
- Septum and middle turbinate



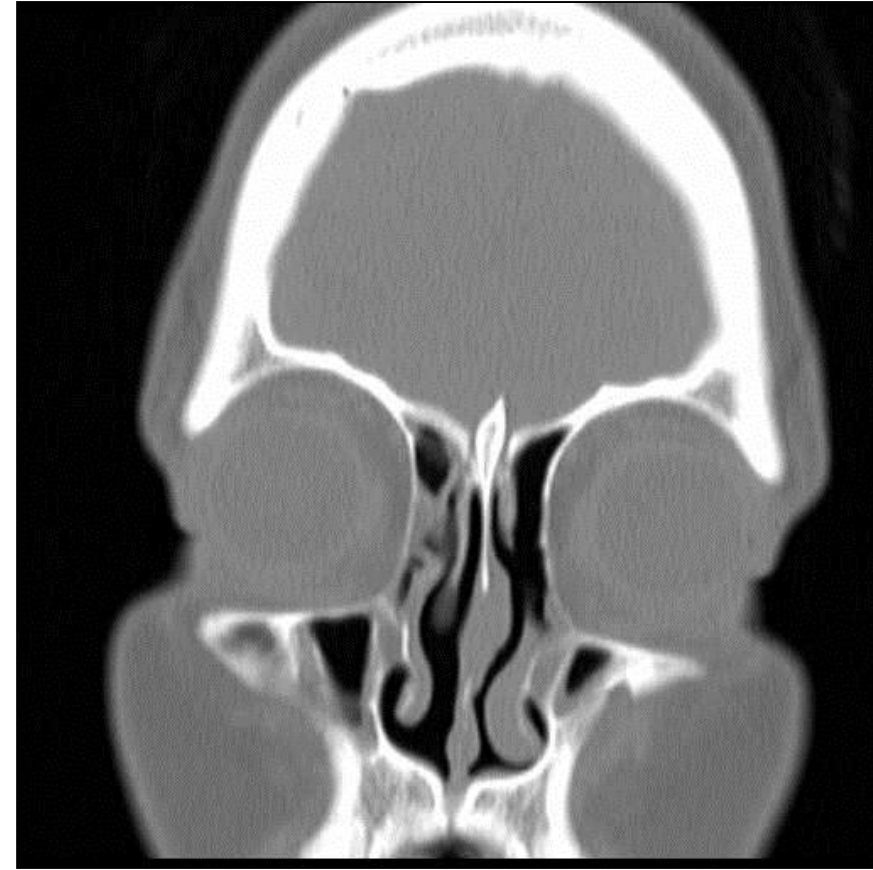
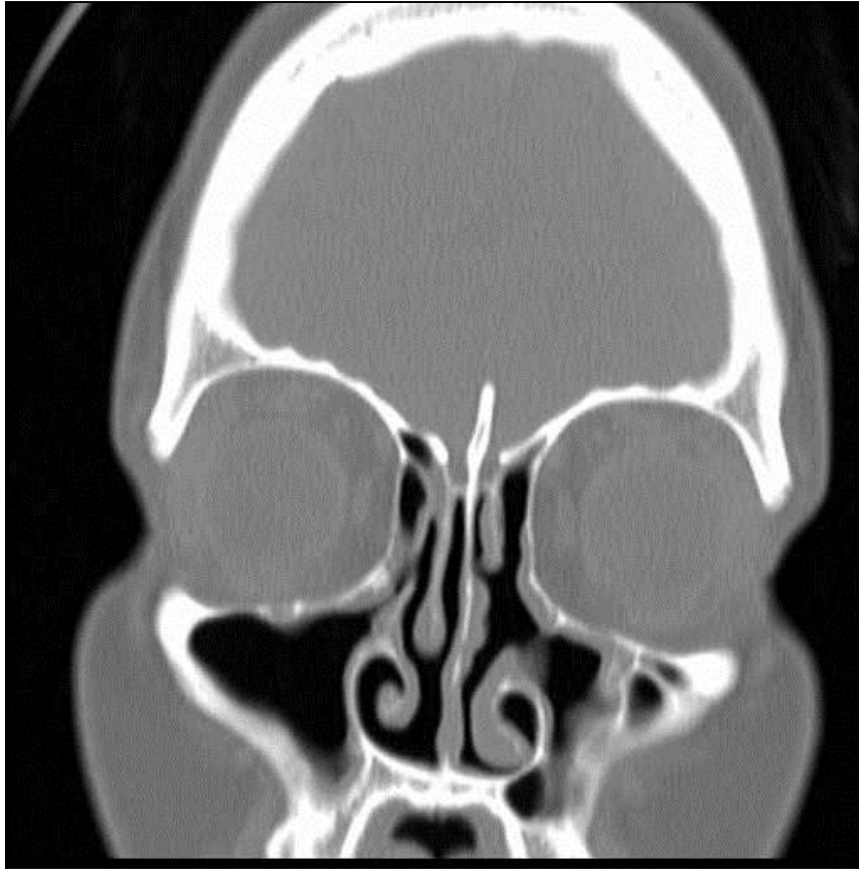
CASE 2

- Balloon Dilation of sinuses
- 28 Y.O. female with prior FESS
- RECURRENT SINUSITIS
- RIGHT Ethmoid, Frontal, Maxillary, and Sphenoid disease
- No response to medical therapy

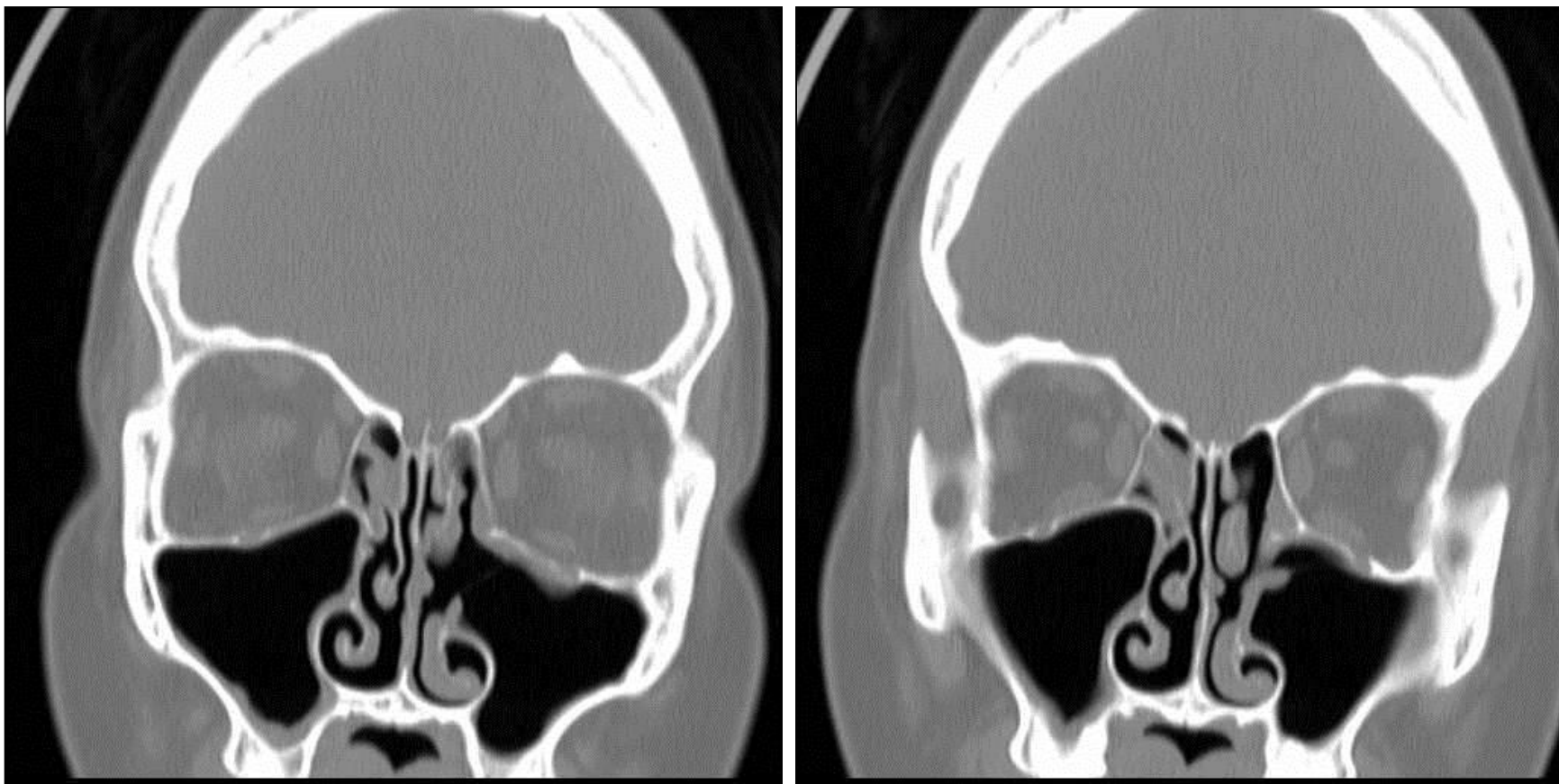
Case Study: Maximal medical therapy failure



Case Study: Maximal medical therapy failure

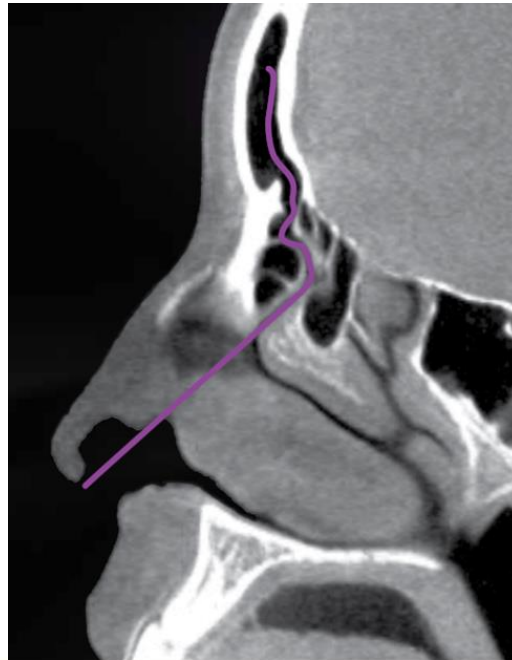


Case Study: Maximal medical therapy failure



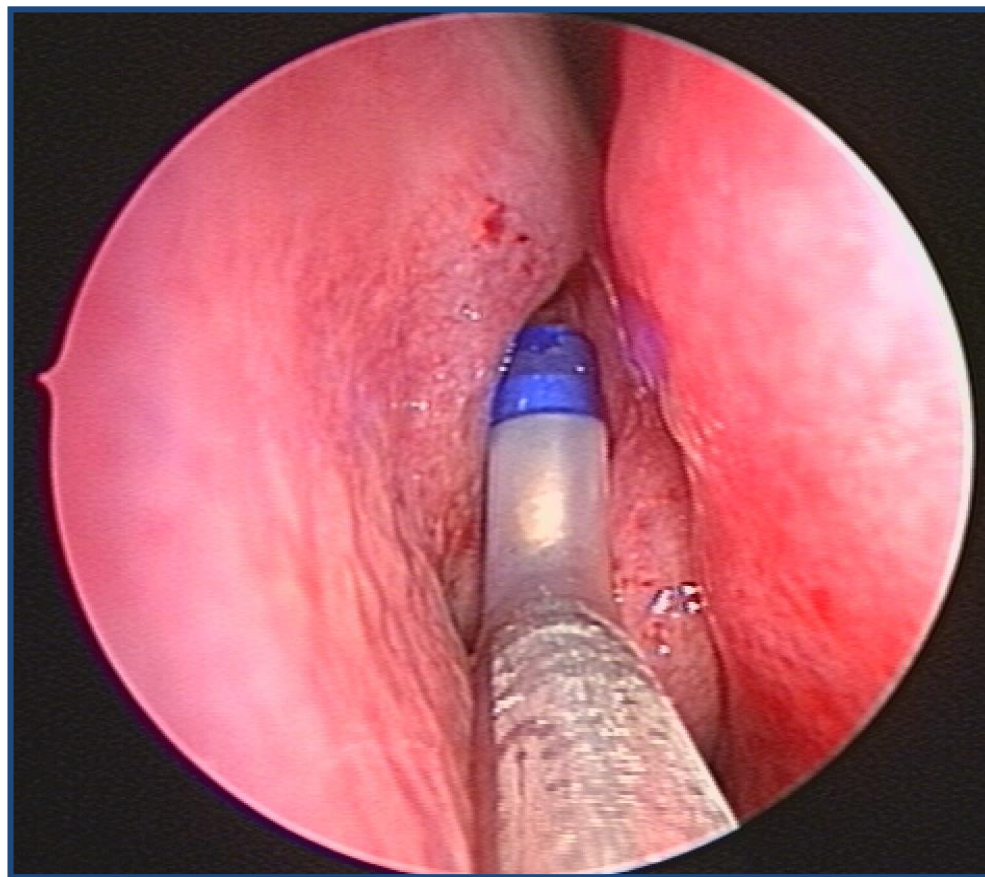
Instrumentation is the Key

- Flexible Instrumentation
 - Excellent for when the surgical goal is to restore sinus drainage and function with maximum bone and tissue preservation



Case Study: Right frontal sinus

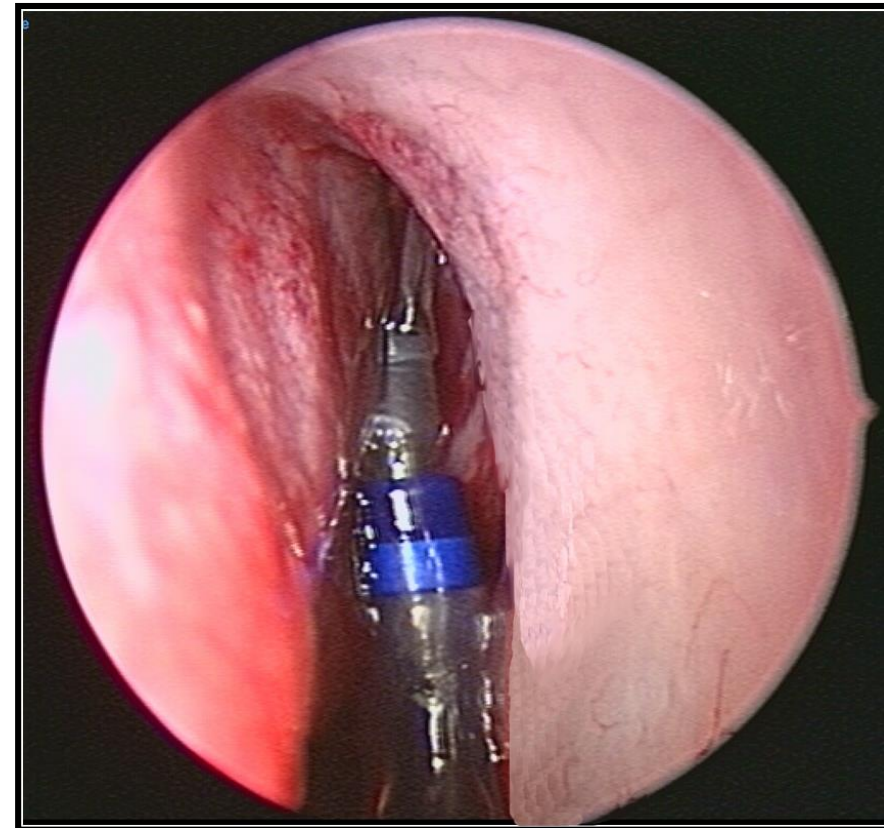
Sinus Guide Catheter in frontal recess



Case Study: Right frontal sinus

Sinus Balloon Catheter

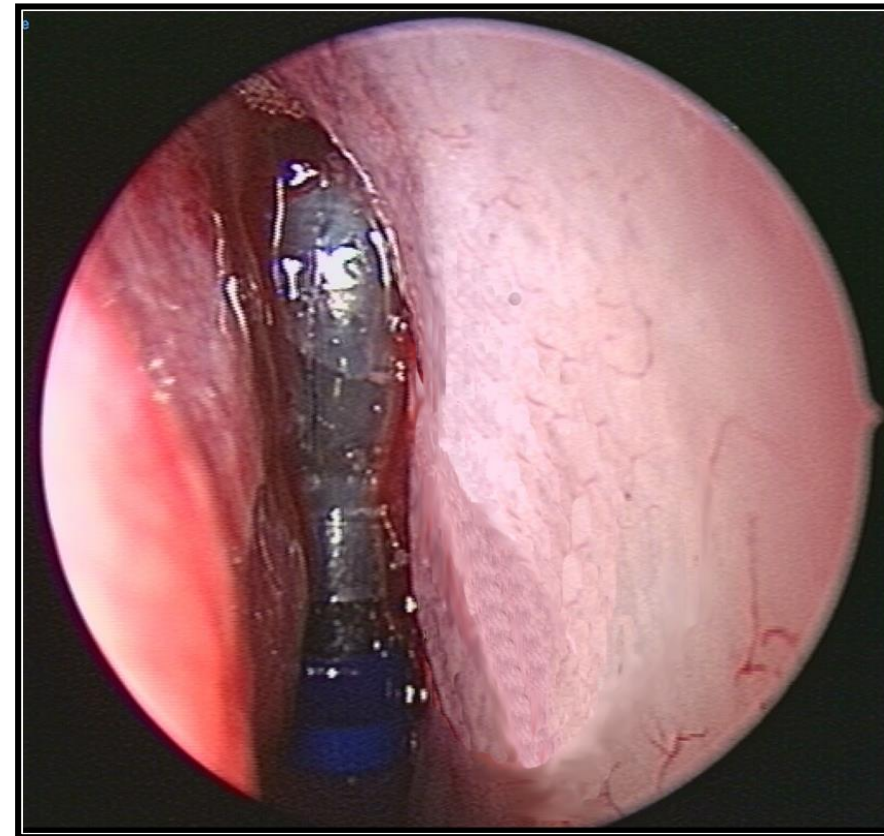
— Prior to inflation



Case Study: Right frontal sinus

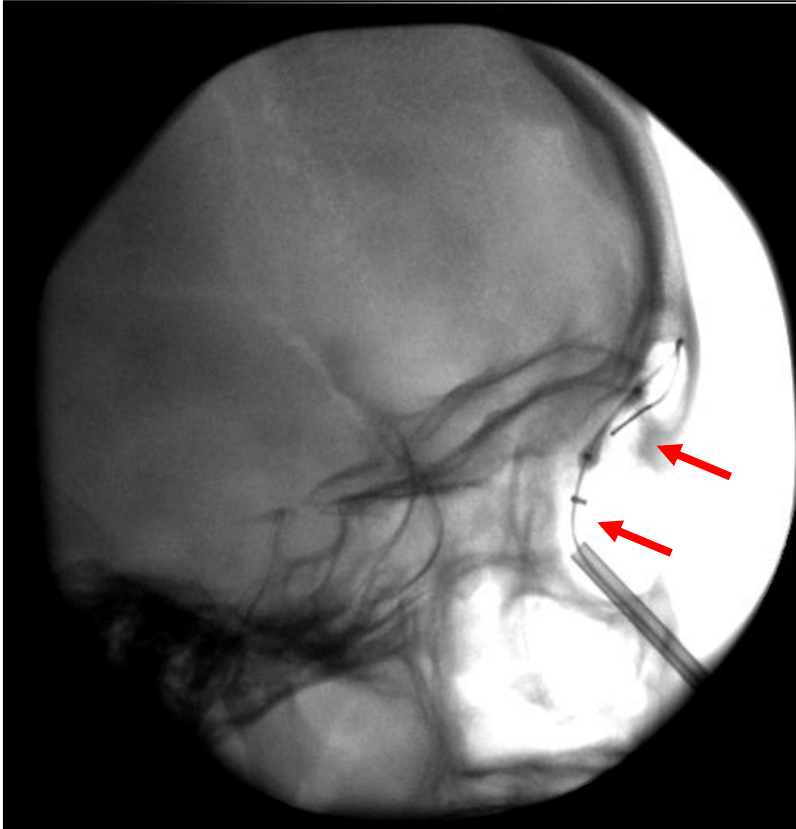
Sinus Balloon Catheter

— During inflation

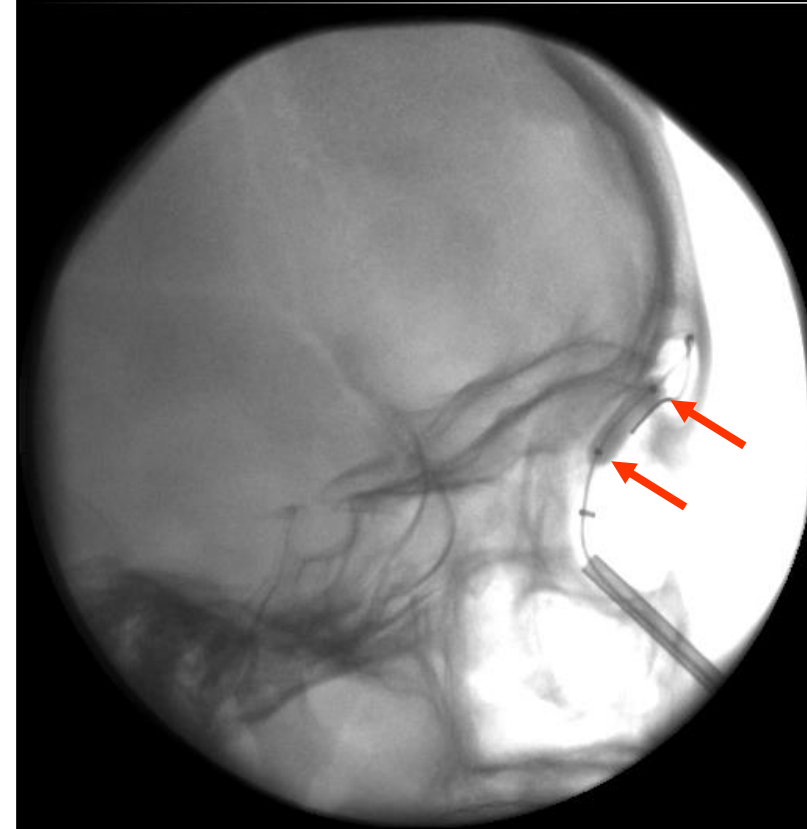


Case Study: Right frontal sinus *Sinus Balloon Catheter across ostium*

Sinus balloon partially inflated

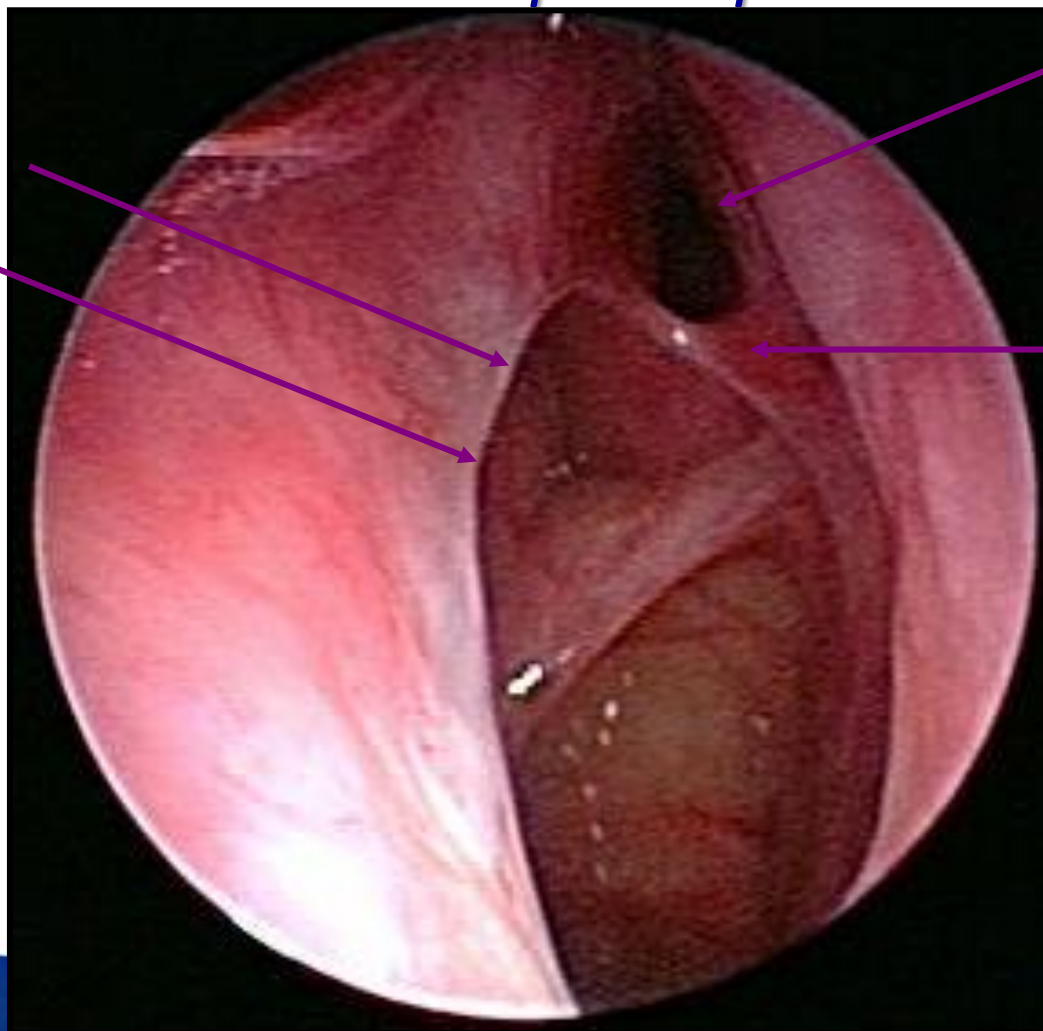


Sinus balloon fully inflated



Case Study: Right frontal sinus *10 weeks post-op*

Posterior border
of uncinate



Frontal Ostium

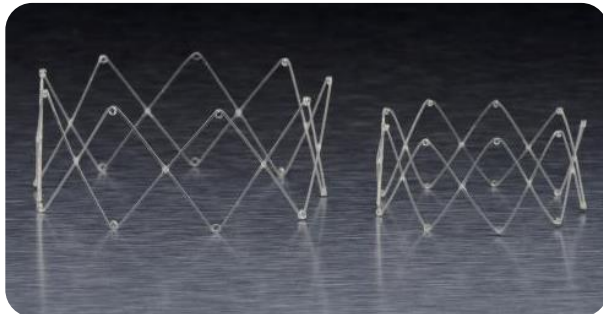
Bulla lamella

Steroid Eluting Implants

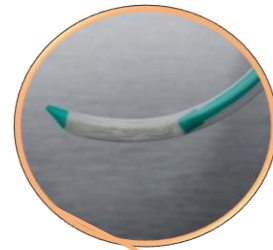


Steroid-Releasing Implants

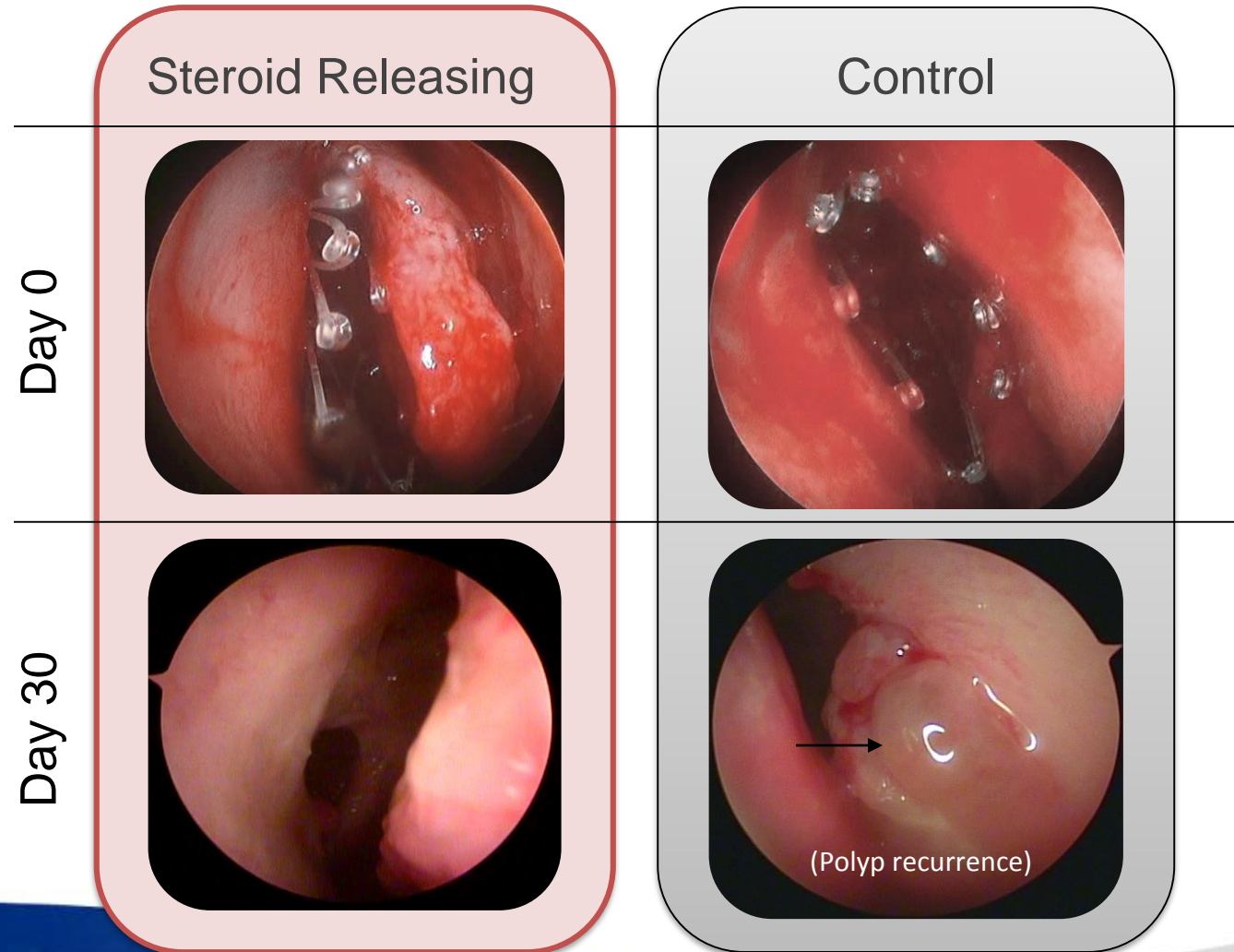
- First localized, controlled drug delivery technology for chronic sinusitis patients
- Targeted, sustained delivery of 370 ug of Mometasone Furoate for 30 days
- Spring-like implant provides middle turbinate support
- Implant bioreabsorbs after 4-6 weeks
- **Maintains surgical result by preventing inflammation & scarring**
- **Only sinus surgery product with Level 1-A clinical evidence**



standard
mometasone furoate implants



Significant improvement observed in post-op outcomes



QUESTIONS ?