Office Based Balloon Sinuplasty

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Indications

- In patients with a history of chronic recurrent rhinosinusitis, confirmed by CT and endoscopy

- No improvement despite appropriate medical therapy

- Suspected cause of rhinosinusitis is ostial obstruction

- Can be used alone or in hybrid with ESS
Contraindications

- Significant ethmoid disease (hybrid procedure can be done in the OR)

- Primarily mucosal disease: diagnosed sinonasal polyps, allergic fungal rhinosinusitis, sinonasal osteoneogenesis, sinonasal tumors, or obstructive lesions

- Severe rhinosinusitis with Lund–McKay scores above 10 (relative contraindication) – Can do hybrid procedure in the OR.
OMC
Obstruction

Nasal polyps
• In the office setting:
  Make the patient comfortable

• Intranasal spray and cotton pledgets —
  lidocaine and oxymetazoline

• Injection: 1% lidocaine and 1:100,000 epinephrine
Case Study - Frontal Sinusitis

Images provided by Frederick Kuhn, MD
As reported at the AAO-HNS Annual Meeting 2006
Case Study - Right Maxillary Sinusitis

Baseline

24-weeks Post-op

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Procedure video

3 Months Postop
• Dedicated Procedure codes:

Maxillary dilation - 31295
Frontal dilation - 31296
Sphenoid dilation - 31297
• **Published papers/studies**

44 listed in pubmed

“Balloon sinuplasty”

Tolerated by patients
Safe – scarced complications
Efficacious in selected patients
Can be used in hybrid procedures
Thank you!