

Office Based Balloon Sinuplasty

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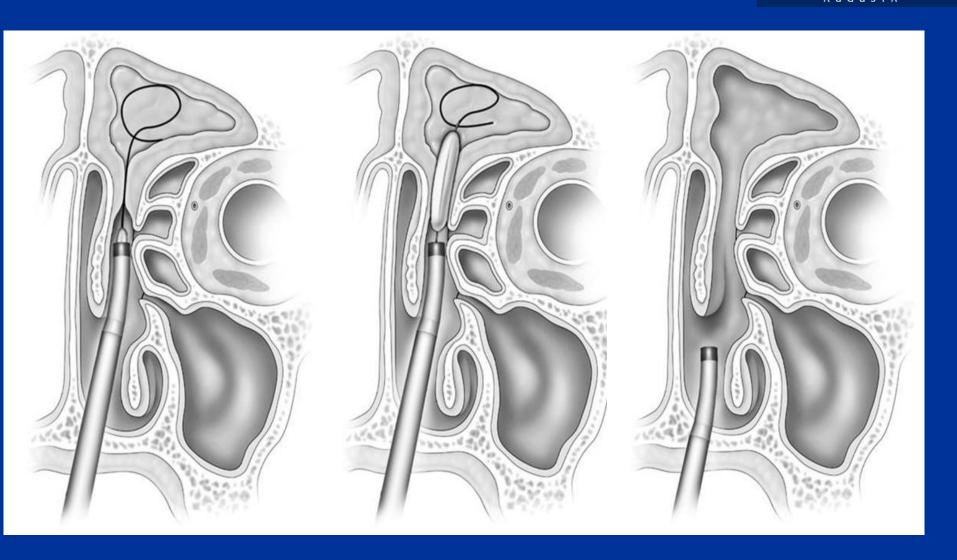
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Indications

- 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









Animation Video







- 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

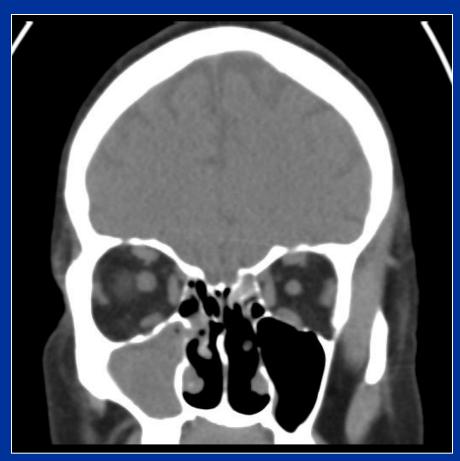


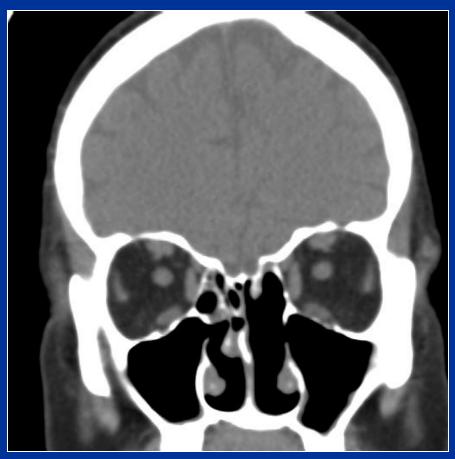
Baseline
Images provided by Frederick Kuhn, MD
As reported at the AAO-HNS Annual Meeting 2006

24-weeks Post-op



Case Study - Right Maxillary Sinusitis



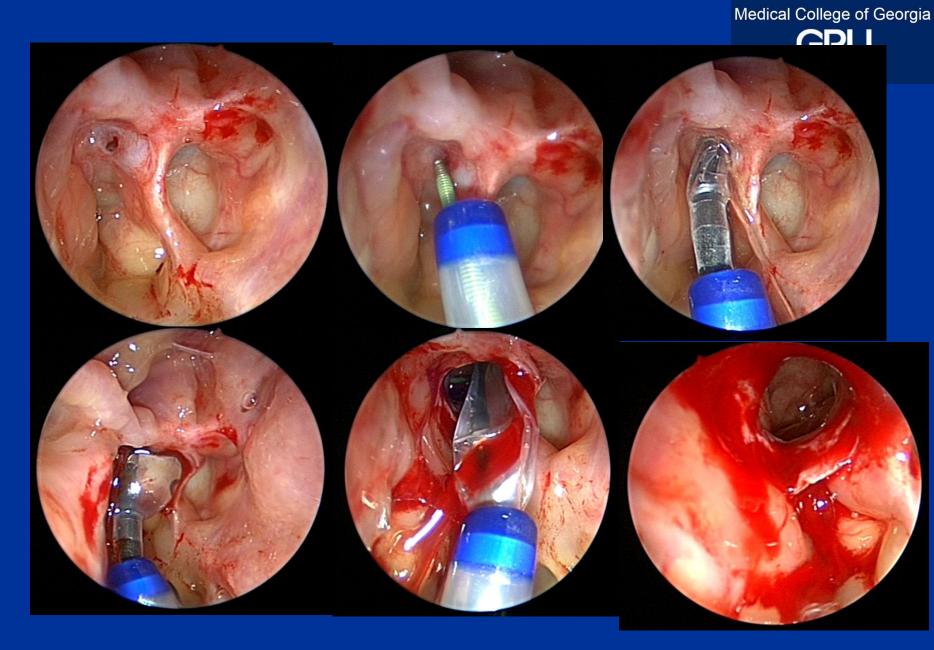


Baseline

24-weeks Post-op

Images provided by Frederick Kuhn, MD As reported at the AAO-HNS Annual Meeting 2006

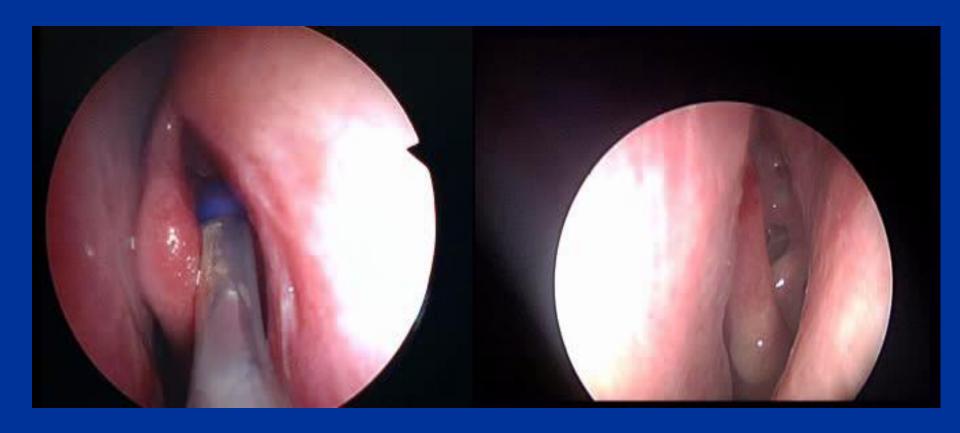




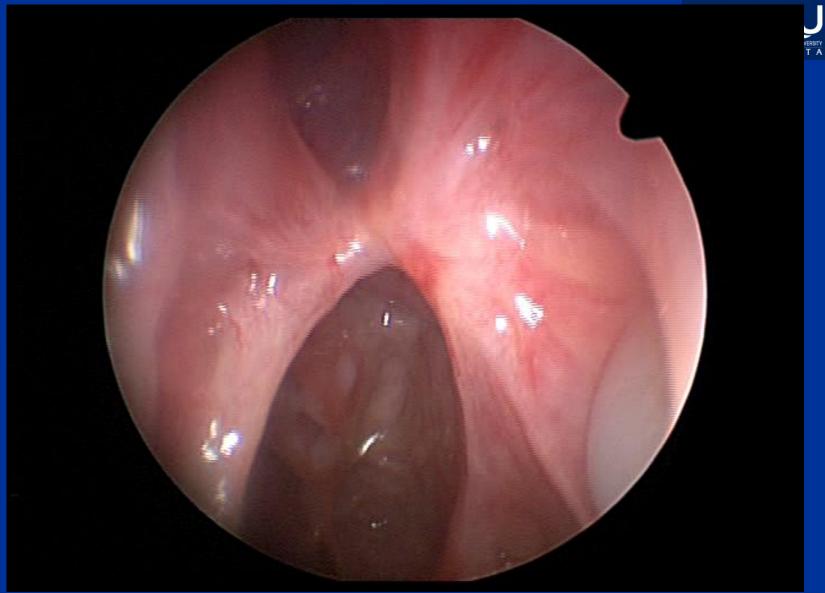


Procedure video

3 Months Postop



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Dedicated Procedure codes:

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Maxillary dilation - 31295
Frontal dilation - 31296
Sphenoid dilation - 31297
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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



