

## Treatment Options for Minimally Invasive Office Based Rhinology: Anesthesia, Procedures, Equipment, Relevant Literature

D. Scott Fortune  
Allergy & ENT Associates, USA

**Copyright:** © 2022 D. Scott Fortune. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Abstract

Over the past 10 years, Rhinology has seen a revolution in site of service for treatment of several common conditions: Chronic Rhinosinusitis, Chronic Rhinitis, Eustachian Tube Dysfunction, and Lateral Wall Insufficiency (Nasal Valve Stenosis). Increasingly, these services can be delivered in an office based setting creating significant advantages for the patient such as quicker recovery, minimal downtime, less cost, less lost productivity, and equivalent results when patients and disease severity are chosen appropriately. In this presentation, Dr. Fortune will cover several important aspects of office based rhinology procedures. Anesthesia is first and foremost in the office setting and the first portion of the presentation will cover anesthesia protocols which work for the patient, attending consultant, and nursing staff. The second portion of the presentation will focus on the various procedures that are described in the literature using a disease based classification. Examples include balloon catheter dilation of paranasal sinuses, drug eluting stents, sinus irrigation, ablation procedures for hyperactive sphenopalatine nerves, balloon catheter dilation of Eustachian Tubes, repair of nasal valve collapse with polymer implants, as well as radiofrequency ablation of redundant soft tissue over the lower lateral cartilages. Dr. Fortune will then review some of the technology options for carrying out office based rhinology procedures. Finally, the talk will cover some of the relevant medical literature regarding pertaining to the office based rhinology literature emphasizing outcomes based symptom scores. Dr. Fortune will include videos and still photos from his own work demonstrating these techniques. With continual advances in endoscopic instrumentation and technology, recent years have witnessed significant expansion in office-based rhinology. The advent of specialized equipment and novel therapies specifically designed for use in the clinical setting has enabled an increasing number of rhinologic

procedures to be effectively performed in the office without the need for general anesthesia. Such innovations have provided less-invasive therapeutic options for the management of a broad range of sinonasal pathologies. Primary and recalcitrant chronic rhinosinusitis, refractory nasal polyposis, paranasal sinus recirculation, sinonasal mucoceles, and recurrent inverted papillomas have all been reported to be successfully managed with in-office interventions.<sup>1-5</sup> Increased emphasis on sound resource allocation, patient convenience, and cost reduction has also contributed to the burgeoning trend toward in-office treatment of sinonasal disease.<sup>6-10</sup> However, the integration of such office-based rhinologic procedures into clinical practice has yet to be fully characterized. With the introduction of numerous less invasive treatments, office-based rhinologic operations have gained popularity in recent years. However, there is a scarcity of evidence to justify more rigorous in-clinic operations, such as real endoscopic sinus surgery (ESS). Our centre does a lot of this type of work, and the goal of this article was to look at the safety and tolerability of in-clinic procedures. A chart review was carried out in the past. The study comprised all adult patients who had in-clinic sinonasal procedures and surgery with a minimum of 3 months of follow-up. Intraoperative and postoperative problems, as well as revision operations, were all documented. The indication, sinuses operated on, and type of revision were also collected for the ESS surgeries. A total of 315 patients met the criteria for inclusion. Turbinoplasties, ESS, 35 septoplasties, 34 rhinoplasties, and 4 septorhinoplasties were all performed. 74 (62.7 percent) of the ESS surgeries were bilateral, and the team has experience operating in all paranasal sinuses. ESS work included more than polypectomies and involved opening sick ostia. The ESS cases were followed for an average of 13.4 months (range, 12-65 months). Other reported in-office sinonasal operations conducted with the patient under local anaesthesia have similar complication rates and tolerability parameters. Patients found office-based rhinologic surgery to be safe and well tolerated. When compared to the extent of surgery performed in our series, the need for revision ESS was minimal. An in-clinic procedure can help you avoid a general anaesthetic.

**Citation:** D. Scott Fortune , Allergy & ENT Associates, USA: 8<sup>th</sup> International Conference on ENT Surgery, October 4 -5, 2021, Webinar