



# AMERICAN RHINOLOGIC SOCIETY NEWSLETTER

July 1999

Volume 20, No. 12

## President's Message



William R. Panje, M.D.

*The American Rhinologic Society has successfully concluded the COSM 1999 meeting in Palm Springs. The Program developed by Dr. Charles Gross and his committee was quite successful in providing a broad based educational program for more than 300 registered members and guests.*

*Panels on Image Guided Surgery as well as Current and Controversial Issues in Rhinology provided current "State of the Art" information for the practicing otolaryngologist. Rhinologists expanded their understanding about neuro-ophthalmology as it relates to ENT from an excellent lecture given by Professor Steven Newman of the University of Virginia. The scientific papers and presentations were also well received, providing new information about the nose and paranasal sinuses.*

*The Board of Directors met for several hours on Friday, April 23, 1999. Dr. Fred Stucker introduced his new secretary for ARS support, Amy Ray. She appears to be adapting quickly to her new job in that a well organized, tabulated manual was provided for Board consideration. Several important decisions were resolved at this meeting and subsequently reported at the business meeting on April 26, 1999. The Board unanimously approved a*

*\$10,000 budget to retain a medical healthcare attorney to address global periods following endoscopic sinus surgery as well as 3<sup>rd</sup> party payment failures. The Socioeconomic Committee, including Drs. David Kenney and Fred Kuhn, will be in charge of this endeavor. ARS members are encouraged to contact Dr. Joseph Jacobs, Chairman of the Socioeconomic Committee, Department of Otolaryngology, New York University, 530 1<sup>st</sup> Avenue, Suite 3C, New York, New York 10016-6402, if they have any information regarding improper reimbursement issues.*

*The Board examined progress on our web site. Since this is a readily available information site for ARS members, the Board felt that our present web page should be updated. Because of the importance of a current website, Dr. Jack Anon was appointed Co-Chairman with Dr. Martin Citardi so as to augment the ARS development of not only an updated website but an improved site so as to provide our members with a ready avenue to communicate with the ARS Officers, Board Members and Committees. The newly revised website URL is [www.american-rhinologic.org](http://www.american-rhinologic.org).*

*Dr. Tom McCaffrey was appointed Chairman of the Research Committee. The ARS feels this is an exceptionally important position because of the research grants now being made available by the ARS. The significant work of Dr. Paul Toffel and his committee with the Corporate Affiliates Program has allowed the ARS to recently provide approximately \$30,000 a year in grants. Application for these grants can be obtained from Dr. Fred Stucker or Dr. Tom McCaffrey, with the next deadline being March 1, 2000.*

*The cost for the Journal of Rhinology was approved for an increase from \$63.50 to \$69.50 yearly. However, ARS dues will remain at \$200. The Treasurer's report revealed that the ARS continues to be quite solvent with approximately \$400,000 balance, with \$160,000 a year for ARS educational, research and administrative activities.*

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Charles W. Gross, M.D.

### **President-Elect's Welcome**

*The Annual Meeting of the American Rhinologic Society will be held in New Orleans, Louisiana. The Board of Directors Meeting and dinner will be held on Friday, September 24, 1999 at the Sheraton New Orleans in room Rhythm 1. The Scientific Session will be held on Saturday, September 25, 1999 at the Sheraton New Orleans*

*in rooms Rhythm 1, 2 and 3. Both of these meetings will precede the American Academy of Otolaryngology - Head and Neck Surgery Foundation 1999 Annual Meeting and Oto Expo at the Ernest N. Morial Convention Center. The ARS's Annual Meeting will include the election and installation of new officers as well as action on proposed By-Law changes. If you have business you wish to be placed on the agenda please contact President William Panje's office.*

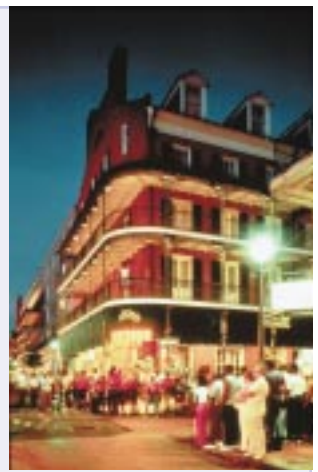
*The ARS Scientific Session will include panel discussions and free papers. A broad range of rhinologic topics will be presented and discussed. I am particularly looking forward to a panel which will examine the emerging and controversial role of endoscopic surgery in the treatment of nasal, sinus and skull base tumors.*

*A new feature this year will be a commercially sponsored session either immediately following the regular session or a separate evening session. Details are still in the formative stage; however, this session will include a panel discussion of yet another controversial rhinologic subject by experts within and outside our field.*



*What is there to do in New Orleans? The question should be what ISN'T there to do?! As Louisiana's largest city and the birthplace of Mardi Gras, New Orleans undoubtedly hosts the largest celebrations around. As the birthplace of jazz, Cajun, Zydeco and Dixieland, Louisiana's impact on the world of music has been intense and prevailing. Clubs, restaurants and festivals all feature Louisiana's utmost performers playing their phenomenal music.*

*When the sun goes down, New Orleans lights up the night with legendary music and world-famous food. People come from far and wide to experience the restaurants, clubs, live theater and concert halls, not to mention the riverboats and land-based casino gaming. Louisiana has the most vibrant history of any state and of many countries. The prehistoric Native American history changes archaeology's perception of how Indian cultures lived. Louisiana's architecture is a lasting impression of French and Spanish rule. Battles fought and bargains contrived on Louisiana soil helped American grow and*



*shaped its present. Louisiana's azygous cultural heritage is preserved and represented by more than 200 museums statewide. There are six State Museum sites in New Orleans including the Cabildo, the Persbytere, the Old U.S. Mint, 1850 House, Madame John's Legacy and the Arsenal - all located in the French Quarter. Bask in the beauty and intrigue of New Orleans in an atmosphere of luxury, as it can be seen only from the*

*Mississippi River on a riverboat cruise, or experience Louisiana's Cajun country aboard a swamp boat tour through beautiful bayous where you might just see a few alligators, herons, ibis, egrets, minks and many more extraordinary extras you can only find in Louisiana.*

*The AAO-HNSF 1999 Annual Meeting and Oto Expo will be held at the Ernest N. Morial Convention Center September 26 - 29, 1999. If you need to register, 1999 Annual Meeting and Oto Expo forms are available through AAO-HNS/F Fax-on-Demand. Dial toll-free #888-292-2703 to request forms using these codes:*

Meeting Housing and Transportation Info	6015
Registration & Instruction Course	6020
Program Overview	6040
Tour Registration Information	6018
Instruction Course Listing	6021

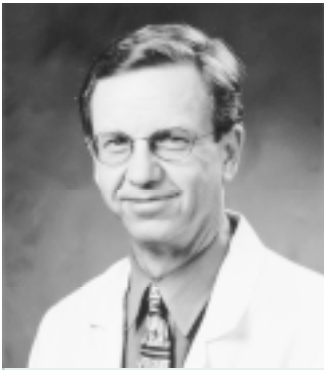
*or register on-line by visiting the AAO-HNS website at [www.entnet.org](http://www.entnet.org).*

*Thanks to the interest and support of the membership and particularly of your Program Committee this session promises to be one of our most informative and exciting. See you there!*

**Charles W. Gross, M.D.,  
Professor, Department of  
Otolaryngology - Head  
and Neck Surgery  
University of Virginia  
Charlottesville, Virginia**

*Photos courtesy of  
Ron Calamia and  
Mariano Advertising.*





Thomas V. McCaffrey, MD, PhD

## **Research Grants and Awards**

### **American Rhinologic Society Research Grants**

*The American Rhinologic Society announces research grants for basic or clinical research in rhinology. These grants*

*are open to any otolaryngologist or resident training in an approved otolaryngology residency program in the United States and Canada. One year, non-renewable grant, \$10,000 maximum. Three grants are available for 2000. Letter of intent due January 1, 2000. Applications due March 1, 2000. Funding awarded July 1, 2000.*

### **American Rhinologic Society Cottle Award**

*The American Rhinologic Society announces the Maurice Cottle Award for 1999. This award of \$1,000 will be made for the best paper in clinical or basic science in rhinology presented at the 1999 Annual Meeting of the American Rhinologic Society September 25, 1999 in New Orleans, LA. To be eligible for the award manuscripts must be received by August 1, 1999. The award will be presented at the Annual Meeting of the Society.*

### **American Rhinologic Society Research Award**

*The American Rhinologic Society announces the Rhinologic Research Award for 2000. This award of \$1,000 will be made for the best research paper in clinical or basic science in rhinology presented at the 2000 Spring Meeting of the American Rhinologic Society (May 13, 2000 in Orlando, FL). To be eligible for the award manuscripts must be received by March 1, 2000. The paper and award will be presented at the Spring Meeting of the Society.*

#### **For applications contact:**

**Thomas V. McCaffrey, MD, PhD**  
**American Rhinologic Society Research Chair**  
**USF Department of Otolaryngology**  
**12902 Magnolia Dr, Suite 3057**  
**Tampa, Florida 33612-9497**

## **Manual or Powered Sinus Instrumentation?**

*While working on a home remodeling project this weekend, I tried to put a wood screw in without a pilot hole but I could not. Upon failure, I removed the screw and took out the drill to place the pilot hole. Next, I had to search the house for an extension cord. The thought occurred to me, "If only I had a powered screwdriver and drill with a portable power source. I could have finished the job quicker, more easily and more efficiently."*

*That same thought process also occurred to me when I recently walked the exhibition halls at COSM and was greeted by so many choices for both manual and powered sinus surgery instruments. Powered instruments inherently seem they would be quicker, easier and more efficient than manual instruments. Working with residents, I am constantly asked about manual verses powered sinus instrumentation. I can only offer a few observations from my own experiences with both types of instruments.*

*The advantages of manual instrumentation for sinus surgery are general availability, lower costs, better tactile sense, and ease of surgical setup. The difference between the thin eggshell partitions of the ethmoid cavity and the thicker bone of the fovea ethmoidalis is much more obvious with manual instruments. The gauging of the strength needed to execute a maneuver, especially in grasping and removing bone, is also much easier with manual instruments. Yet, the powered instrumentation seems to cause less bleeding on severe polyp cases, and can contour the excision better. In addition, normal mucosa is more easily left intact with the power instrumentation. Plus, the microdebriders are fun to use! There is no question watching a polyp get "slurped up" is entertaining and exciting.*

*But when residents go to work with the microdebriders, I have noticed they tend to "contour" a cavity in the polyps rather than dissect to the extremes of the ethmoid cavity. Thus, they leave more diseased tissue in the cavity with the powered instruments compared to the manual sinus instruments. They also tend to go slower with the power tools.*

*I exclusively use manual instrumentation so that I can send both the mucin and the polypoid tissue to the pathologist. Merely taking a sample biopsy of a nasal polyp is inadequate as in many cases allergic mucin is deep in the sinus cavities or may be localized in one area. The use of the suction and the microdebrider leads to loss of this important pathologic information. In addition, I can operate much more quickly with manual instruments. Some places the powered instruments are excellent are for the endoscopic treatment of choanal atresia, and for the removal of ethmoid osteotomies. The sheathed drill bits are safer and more easy to use intranasally than otologic or neurologic drills.*

*To use powered sinus instruments or not- that is the question. There is no right answer. Each surgeon needs to come to his or her own conclusions. Do not assume one is more efficient or easier to use than the other without an adequate trial of each.*

**David A. Sherris, M.D.**  
**Assistant Professor and Consultant**  
**Division of Rhinology, Department of Otolaryngology**  
**Mayo Clinic**  
**Rochester, Minnesota**

## **Sinus & Allergy Health Partnership Summer Update**

The Sinus and Allergy Health Partnership has evolved from a Coalition formed by the American Academy of Otolaryngology - Head and Neck Surgery, the American Academy of Otolaryngic Allergy and the American Rhinologic Society in the Spring of 1998. It promulgates our views on sinus and allergy conditions to the general public and to primary care physicians. Since formation, organization members (Drs. James Denneny, Jack Anon, Ivor Emmanuel, Michael Benninger, James Stankiewicz, Jami Lucas, Michael Maves and the authors) have raised \$987,500 in support for 1999 activities and already \$125,000 for 2000, via unrestricted educational grants from pharmaceutical companies. Such include Schering, GlaxoWellcome, SmithKline Beecham, Bristol Myers Squibb, Pfizer, UCB Pharma, Ortho McNeil and Bayer.

The firm of WidmeyerBaker has been retained to create a Partnership website to disperse information on sinus and nasal allergy conditions to the public. Over 2,500 slide sets on the management of sinusitis and allergy have been distributed to otolaryngologists for presentations to primary care providers. A "Distinguished Lecture Series" is being offered for the annual meetings of each national primary care organization and each state medical organization. A working group has been formed with the Centers for Disease Control to assemble a position paper on the management of sinusitis from drug-resistant *Streptococcus pneumoniae*. The latest project is a "Visiting Professor of the Day" for the 100 largest primary care residencies that are not associated with an otolaryngology training program (476 family medicine residencies and only 104 otolaryngology residency programs). The "Visiting Professor" will have a standardized slide set for 45 minute lectures on rhinosinusitis and on allergic rhinitis, and will spend lunch and most of the afternoon with the residents, discussing problem cases and the like. It is through endeavors such as the aforementioned that the Partnership hopes to raise the awareness in both the general public and primary care physicians that otolaryngologists are the most appropriate source for comprehensive evaluation and management of nasal conditions. Note that the place of our specialty in such has been challenged in the past few years by our allergy/immunology colleagues, and to a lesser degree by those in infectious disease. As an example, peruse the "Parameters for the Diagnosis and Management of Sinusitis" published in the Journal of Allergy and Clinical Immunology this past December. The treatment algorithm for sinusitis recommends, after failure of primary care management, consideration of consultation with an allergist/immunologist. Only after such and consideration of extended antibiotic therapy, anti-inflammatory and/or decongestant therapy, evaluation of

immunodeficiency and structural abnormalities, sinus CTs and the like does consultation with a surgeon enter the algorithm. It is emphatically the position of the Partnership that, after failure of primary care management, the best medical and cost-effective action is referral to an otolaryngologist.

The Partnership appreciates the rank and file otolaryngologist support it is receiving. Expect a further update from us (your representatives) this Fall.

**J. David Osguthorpe, M.D., Professor  
Department of Otolaryngology and Communicative  
Sciences, Medical University of South Carolina  
Charleston, South Carolina**

**James A. Hadley, M.D., Clinical Associate Professor  
of Surgery (Otolaryngology) University of  
Rochester Medical Center, Rochester, New York**

## **President's Message**

(continued from page one)

The membership continues to grow more rapidly than any other society in Otolaryngology. Presently the ARS has over 1160 members. The ARS is dedicated to research, education and clinical pursuit. Look at our record! Please note that applications for the ARS membership can be obtained from Dr. Fred Stucker's office or the Newsletter.

Dr. Mike Benninger, immediate past president of the ARS, led the Nominating Committee to present a slate of candidates for consideration at the Fall ARS Business Meeting (New Orleans, September 24, 1999). The nominees include Dr. Don Lanza for 2<sup>nd</sup> Vice President, Dr. Howard Levine and Dr. Mike Sillers for Board of Directors, and Dr. Brent Senior for Nominating member at large. Other nominations for these position can be made by an ARS member from the floor at the Fall Business Meeting.

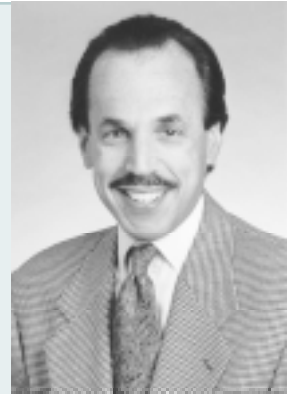
Dr. James Hadley, Chairman of an Ad Hoc Committee, presented a completed Policy and Procedure manual. This will aid in the organization of the ARS day-to-day operations including important dates concerning application, deadlines for abstract submission, etc. The ARS Board of Directors and its President extend a hearty thank you and congratulations for a job well done!

On a final note, the ARS looks toward a continued growth in membership, and improved relations with its members. We want to know of any members interested in participating in ARS activities. If you are interested, please contact Dr. Stucker's office and the ARS will make every effort to include you in the worthwhile cause.

**William R. Panje, M.D., Professor, Department of  
Otolaryngology and Bronchoesophagology  
Rush Medical College, Chicago, Illinois**



Donald C. Lanza, M.D.



Joseph B. Jacobs, M.D.

## **AMERICAN RHINOLOGIC SOCIETY MEMBERSHIP**

*The American Rhinologic Society is the only professional organization within the Otolaryngology community that deals specifically with rhinosinusitis, both medical and surgical. With additional membership support we can strengthen our organization and the mission for which it stands. This is a critical period of time for us. The American Academy of Allergy, Asthma and Immunology is pushing to have its members become the primary caregivers for rhinosinusitis both through public and physician education programs as well as political maneuvers. With your support Otolaryngologists can remain in a dominant position.*

### **WE NEED YOUR HELP**

*In addition, we need to refocus on socioeconomic issues. The proliferation of managed care organizations with independent policies has led to significant and frequent divergence of reimbursement guidelines concerning multiple endoscopic coding as well as postoperative debridement. We need your support as our Society again considers legal counsel and political initiatives, much like we did with the "FESS MESS". To direct this effort a Socioeconomic Committee has been established with Joe Jacobs, M.D. as Chairman and Fred Kuhn, M.D., Paul Toffel, M.D., and Robert Bumstead, M.D. as members. David Kennedy, M.D. will be acting as liaison with the attorneys.*

*The ARS is also dedicated to providing fellowship for members of the rhinologic community through ongoing continuing medical education, economic, and social programs. Ties between the ARS, the American Academy of Otolaryngology-Head and Neck Surgery and the American Academy of Otolaryngic Allergy have given rise to the "Sinus and Allergy Health Partnership". This organization has been funded from corporate sources and is actively working within the public and medical communities to underscore our commitment to quality care for upper respiratory diseases.*

*The ARS has always been active in sponsoring major educational meetings in Rhinology. In this regard our society maintains its semi-annual scientific meetings and offers three separate awards: The Resident Research Award, The Maurice H. Cottle Honor Award and (3) Research Grants. Since 1993, apart from its annual Fall and Spring meetings, this Society has sponsored 3 major international symposia, and will co-sponsor another such meeting in Washington D.C. (September 20-23, 2000) along with the International Rhinologic Society. We are ardent supporters of resident education and have offered stipends and travel support to these meetings. This year, with commercial support, our Society was able to issue significant research grants towards improving our understanding of diseases of the nose and paranasal sinuses.*

*In addition to the professional camaraderie, educational, research and socioeconomic benefits available, membership in the ARS also includes a subscription to the ARS Newsletter which updates membership on the Society's activities and a subscription to either the American Journal of Rhinology, the official publication of the Society, or the International Journal of Rhinology.*

**Donald C. Lanza, M.D., F.A.C.S**  
**Department of Otolaryngology**  
**and Communicative Disorders**  
**The Cleveland Clinic Foundation**  
**Cleveland, Ohio**

**Joseph B. Jacobs, M.D.**  
**Professor of Otolaryngology**  
**Director of Rhinology**  
**New York University Medical Center**  
**New York, New York**

**AMERICAN RHINOLOGIC SOCIETY  
APPLICATION FOR MEMBERSHIP**

Please print or type

1. Name \_\_\_\_\_
2. Office Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
FAX ( ) \_\_\_\_\_ E – Mail Address \_\_\_\_\_
3. Home Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Spouse's Name \_\_\_\_\_
4. Medical school attended/year of graduation \_\_\_\_\_
5. Internship \_\_\_\_\_
6. Residency & Year of Graduation \_\_\_\_\_
7. Year of certification by American Board of Otolaryngology \_\_\_\_\_
8. Graduate training in Rhinology \_\_\_\_\_
9. Membership in professional organizations \_\_\_\_\_
10. Teaching affiliations and academic interests \_\_\_\_\_
11. Sponsors - Must be members of the American Rhinologic Society

1) \_\_\_\_\_ (name) \_\_\_\_\_ (signature)

2) \_\_\_\_\_ (name) \_\_\_\_\_ (signature)

Date \_\_\_\_\_ (your signature)

Membership Category Applied for :

- \_\_\_\_\_ Regular Member ( \$ 250.00 application fee )  
\_\_\_\_\_ Resident Member ( NO CHARGE, Journal Not Included )  
\_\_\_\_\_ Other \_\_\_\_\_

Fee - \$ 250.00 (Check payable to American Rhinologic Society must accompany application.)  
Includes first year dues, ARS newsletter, subscription to one of the journals listed below, and registration for the next ARS meeting, for Regular Membership.

Journal Requested \_\_\_\_\_ American Journal of Rhinology  
\_\_\_\_\_ Rhinology - International Journal

MAIL APPLICATION AND APPLICATION FEE TO : Fred J. Stucker , MD  
1501 Kings Highway  
P.O. Box 33932  
Shreveport, LA 71130-3932

visit our web site:  
<http://www.sinus.org>



## MANAGEMENT AFTER SINUS SURGERY

Let's begin by discussing what surgeons do during sinus surgery because this influences postoperative care. Many surgeons today have converted to microdebriders to perform sinus surgery. These instruments preserve mucosa, reduce bleeding, and scarring. Therefore, patients may heal faster, require less packing, and less postoperative care. If turbinates

James A. Stankiewicz, M.D.

are preserved, they must not lateralize. Prevention of lateralization is done by the use of packing, adhering the middle turbinate to the septum (Bolgerizing), or suturing the turbinate to the septum (Baluyoting). The adhesion procedure can be performed using the microdebrider (Friedmanizing). Packing placement for the adhesion procedure to allow the scarring to heal and keep the turbinate medial is necessary for 5 days to 2 weeks. A light small Telfa® or Merogel® just at the anterior-most middle turbinate is all that is necessary. Hematosis after surgery is essential to reduce postoperative bleeding and reduce packing which patients detest. Routine cautery of any significant bleeding area is important. If turbinates are removed, cautery of the remnant is necessary. If bleeding is controlled, only a small pack is used to act as a spacer more than as a hemostatic agent. The author routinely uses a small piece of Telfa® or Merogel® for most patients. For extensive surgery with oozing, a Telfa surrounding a merocel sponge provides good hemostasis, comfort to the patient, and easy postoperative packing retrieval. Packing such as Surgicel® or Merocel® which is not plasticized is difficult to remove and uncomfortable for the patient. Some prominent surgeons in this country and in Australia don't pack at all with the thought that blood clot and crust is nature's "bandage" and should be left alone. It is understood that these surgeons take steps to reduce turbinate lateralization to accomplish their goal for healing. Postoperative antibiotics depend on what is found at surgery. If purulence or significant chronic infection is present, several weeks of antibiotics are appropriate. If the sinuses are relatively clean, 1 week is enough to cover any packing present (toxic shock). Oral steroids are not routinely necessary. Patients with asthma, polyps, and extensive disease will benefit from the use of steroids. Pain medication needs are usually minimal. Patients requiring large amounts of pain medication with severe headache need consideration for a possible complication. Nasal decongestant sprays (oxymetazalone) and saline sprays used immediately postoperatively add to patient comfort.

The first postoperative visit is variable depending on each surgeon's philosophy. At major international centers such as Graz, Austria, and the University of Pennsylvania, patients are seen within 1 or 2 days to begin postoperative debridement which consists of packing, clot and crust removals. Fixed crusts are left until they soften and loosen to avoid hemorrhage. These visits are repeated every few days until the cavity is judged stable and healing properly. Then weekly or bi-weekly visits continue until healing is achieved. The author's routine is for the postoperative visit at 4-5 days with endoscopic debridement and packing removal. At that time the turbinate is assessed. If an adhesion procedure was performed, a small unobstructive pack (Telfa®, Merocel®, or Merogel®) is replaced. The pack does not extend into the ethmoid or block the maxillary sinus. At this visit all sinuses are gently unblocked and blood suctioned. The next visit is scheduled at 2-3 weeks depending on concern for healing or turbinate lateralization. The third visit is 1 month later, than 4-6 weeks and 2-3 months. Endoscopic debridement is used when necessary but is usually not needed after 1 month since healing should be well on its way at that time. Endoscopic exam is used at each visit. Crusting after 4-6 weeks may be due to small dehiscent areas of bone or devitalized bone chips. Small forceps endoscopic removal usually takes care of the problem. The last school of postoperative care is the "no postoperative

care" school. Patients are placed on medication and irrigations at surgery on the first postoperative visit and are not seen again for several weeks, and then 3-4 weeks after that. Loose debris, old clot, crust, and synechia are removed as necessary. From our Australian colleagues comes a recipe for Willy's Inhalation (from Dr. Bill Coman) which is felt to greatly aid self-debridement and healing. Of interest, all three groups have reported their results in the literature and all are about the same.

Other specific issues to be addressed postoperatively include postoperative hemorrhage, stent removal, synechia management, steroid use, and coding issues for debridement.

Postoperative hemorrhage usually occurs at 2-3 weeks from a partial turbinectomy or sphenopalatine or posterior septal artery trauma when removing polyps or entering the sphenoid. Vigorous posterior epistaxis usually occurs and packing placed posteriorly sometimes will work but an occasional endoscopic cautery is needed. The key is telling patients about bleeding and what to do if it occurs. Be aware that any patient going to an unfamiliar doctor or ER may lose a lot of blood before a posterior hemorrhage is controlled.

Stents in large openings usually can be removed endoscopically within 1 month of surgery. Stents in small openings need to be left long term — i.e., 1 year or more. If these stents are removed early (within a few weeks), intensive endoscopic debridement, dilation, irrigation (sometimes through a trephination made at surgery or through the frontal recess) are necessary to keep the ostia open. The use of medications such as oral (Prednisone) and topical (Dexamethasone or Maxidex® ophthalmic) steroids drugs in the Moffitt head down position may help to keep a small frontal ostia open. It requires a lot of work to keep a small ostia open. In revision cases where previous frontal osteoplasty has failed, the stent is best left in for a year. It may be removed, cleaned, and reinserted endoscopically in the office during that time. The operated frontal recess without stent placement needs careful observation, judicious debridement, and control of the middle turbinate to prevent synechia. Synechia pulling the middle turbinates laterally blocking and scarring the antrostomy, anterior ethmoid and frontal recess must be controlled postoperatively or failure will occur. Small forceps or scissors to cut these synechia with a small spacer insertion (Gelfoam®, Telfa®, Gelfilm®, Merocel®, Merogel®) are helpful. Repeat incisions may be necessary. Judicious steroid use may be the difference between healing with scarring and open draining sinuses. Depending on the underlying problems, oral steroids can be used from several days (single or repeated bursts) in routine sinus surgery or polyps to several months in allergic fungal sinusitis. Every patient should be on topical steroids and consideration as noted for topical ophthalmic drops in severe polyps or difficult frontal ethmoid problems.

The last issue deals with coding problems for endoscopic postoperative debridement (31237). The 31237 code has HCFA approval (0 day global) attached to it which means it can be billed for after endoscopic sinus surgery. The chart needs to have appropriate documentation that endoscopic debridement was performed and was the focus of the visit. While Medicare pays for this code without problem, HMO/PPO providers have balked, which is illegal. Also, oftentimes primary care approval is not forthcoming in the postoperative period. The American Rhinological Society (ARS) along with the AAO-HNS and AAOA are currently working to solve this problem. Template letters are currently available through the ARS and AAO-HNS which can be sent to insurers informing them of the 0 day global period for endoscopic debridement and warning them that non-payment is illegal.

It is hoped this brief synopsis is informative and beneficial. Taking time at the end of an operation and in the early postoperative period to prevent and correct problems will lead to better results and fewer revisions.

**James A. Stankiewicz, M.D.**  
**Professor and Vice Chairman, Endoscopic Sinus Surgery**  
**Loyola University Medical Center, Maywood, Illinois**

**American Rhinologic Society**  
**Fred J. Stucker, M.D.**  
**1501 Kings Highway**  
**Post Office Box 33932**  
**Shreveport, LA 71130-3932**

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**US POSTAGE**  
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**Rochester, MN**  
**Permit #722**



Paul H. Toffel, MD, FACS

### **1999 Corporate Affiliates**

*The American Rhinologic Society Corporate Affiliates Committee met in Palm Desert in May with a banquet honoring our commercial supporters of the Society. We are once again pleased to report the Corporate Affiliates contributed \$47,000 to the Society for 1999, bringing total contributions to date to \$180,000.*

<i>Xomed Surgical Products</i>	<i>Gold (\$5,000)</i>
<i>Rhone Poulenc Rorer</i>	<i>Silver (\$2,500)</i>
<i>Ortho-McNeil Pharmaceuticals</i>	<i>Bronze (\$1,000)</i>
<i>Surgical Laser Technologies</i>	<i>Bronze (\$1,000)</i>
<i>Visualization Technology</i>	<i>Bronze (\$1,000)</i>
<i>Abbott Laboratories</i>	<i>Friends of our Society (\$500)</i>
<i>Linvatec</i>	<i>Friends of our Society (\$500)</i>
<i>Richard Wolf Medical Instruments</i>	<i>Friends of our Society (\$500)</i>

*We will honor our 1999 Corporate members with a certificate of affiliation, which will be given to them at the New Orleans fall meetings. A substantial portion of these funds have already been designated for research grants in rhinology. The next deadline for application for rhinology research grants will be March 1, 2000, with grants awarded by July 1, 2000.*

*The contributors for 1999 are as follows:*

<i>GlaxoWellcome, Inc.</i>	<i>Platinum (\$10,000)</i>
<i>Schering-Plough Pharmaceuticals</i>	<i>Platinum (\$10,000)</i>
<i>Bristol-Myers Squibb Co.</i>	<i>Gold (\$5,000)</i>
<i>Hoechst Marion Roussel</i>	<i>Gold (\$5,000)</i>
<i>Karl Storz Endoscopy</i>	<i>Gold (\$5,000)</i>

*Members should also note the unrestricted educational grants from Schering-Plough, SmithKline Beecham and Astra that have underwritten publication of this Newsletter over the past year.*

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