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MARCH 2018

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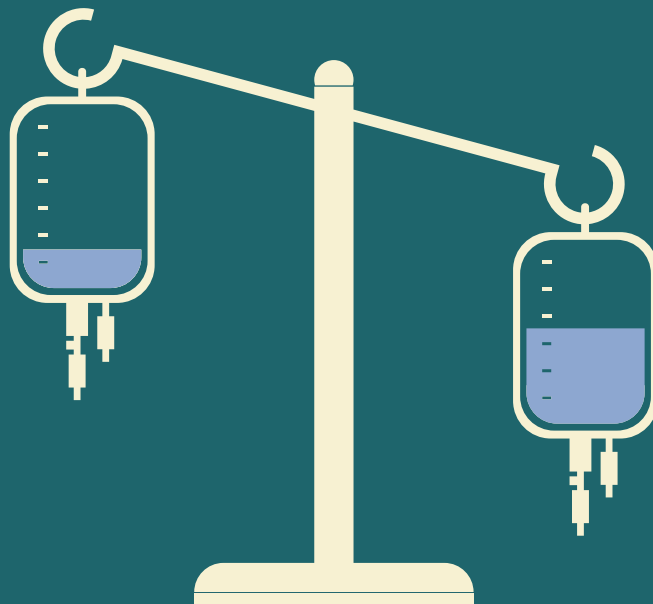
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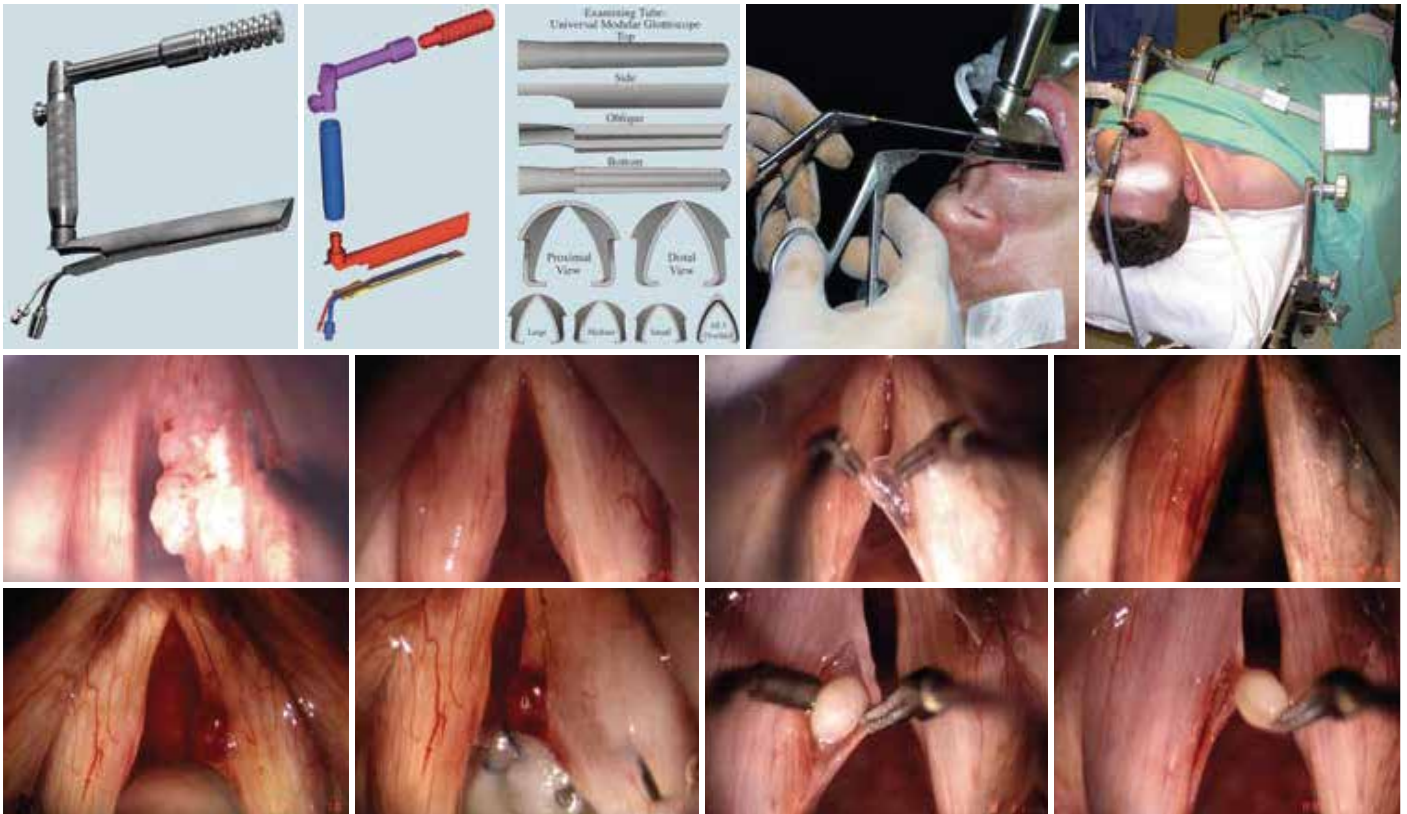
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Communication—Be the voice for positive change!

We live in uncertain times in this changing healthcare environment, devoid of any clearly defined direction at the federal level and with little clarity in terms of any transformational national health policy moving forward.

It is clear, though, that leading in a so-called “VUCA world”—Volatile, Uncertain, Complex, and Ambiguous—the Academy will continue to serve as the watchdog and problem-solver for the practicing otolaryngologist, both in private practice and academic settings. It will remain the vital conduit between health policymakers, regulators, payers, and patients, ensuring that our interests are properly represented and our goals achieved—your effective voice!

It has also become abundantly clear that adaptive leadership is necessary under these circumstances. The role of **mentorship** is more important now than ever before, particularly as we seek to develop younger generations of surgeon-scientists to become leaders committed to continued education and research in pursuit of high-quality patient care.

Medicine as a profession has undergone profound change during the past several years, and regulatory burdens and other obstacles to providing care on a daily basis continue to mount. The **doctor-patient relationship**, the core and the essence of why each of us pursued the healing arts, is under challenge and is slowly being eroded. This has caused incremental increases in pressure on clinicians, resulting in deterioration in physician wellness and resilience, essential elements impacting patient outcomes, physician satisfaction, workforce, and a variety of other aspects of healthcare provision. These issues are being actively addressed by the AAO-HNS.

As practicing physicians, we are required to deal with issues of regulation, socioeconomic factors related to care provision, health policy, and many other realities of contemporary medical practice. At the same time, we have an obligation to refocus our attention on the physician-patient relationship, and the sanctity of that unique relationship.

It is very easy today for one to become distracted by the plethora of “non-patient,” “non-clinical” demands on one’s time and to divert one’s attention to “checking the boxes” necessary to get through the day. Let us not lose sight for one moment of the reason that we sought to pursue a life and career in medicine ... the unique gift, the **privilege, and the ability to impact individuals**, their families, and loved ones on a daily basis, in the moment, and for a lifetime thereafter.

As otolaryngologist-head and neck surgeons, as doctors, our obligation is to the quality and safety of patient care and indeed the vitality of our specialty. By speaking up on behalf of our patients and our colleagues, as a **unified specialty** with a unified voice, we can positively impact the various domains of practice, including efficiency, culture of wellness, personal resilience, and optimal patient outcomes and satisfaction.

It is increasingly important to facilitate efficiency of practice with value-added clinical work through incorporation of technology, workplace systems, and process improvement in all clinical settings to facilitate compassionate, evidence-based care for our patients.

As we celebrate World Voice Day on April 16, let your voice rise above the chaos and tumult as you continue to build a culture of wellness in your small rural private practice, clinically integrated network, or large multispecialty group, and hospital medical system. The challenges will be met, and the AAO-HNS/F will provide the support and guidance to get you there as part of the value-added proposition you count on as an engaged member ... Value 4U.

Seek to maximize quality and collaboration both in your personal and professional lives, leading to a greater sense of purpose and value for both you and your patients. Through personal resilience, by ensuring your general good health, you can facilitate positive health and work behaviors among your colleagues.

In an era of machine learning, virtual reality, gamification, and the internet of things, we need to remain ever mindful that artificial intelligence cannot, should not, and must not ever replace **human intelligence**, human caring, and human compassion—the soul of the healing arts.

Our goal is to ensure that the AAO-HNS remains your lifelong partner—thriving, inclusive, diverse, and responsive—providing the tools to ensure professional satisfaction with meaningful patient interactions.

To paraphrase Abraham Verghese, MD, the revolution starts at the patient’s bedside, and one should never lose sight of the importance of the doctor’s touch.

Speak up for yourself, speak up for your patients, and remember...

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders...”

—Sir William Osler, MD ■



Gavin Setzen, MD
AAO-HNS/F President

“Our goal is to ensure that the AAO-HNS remains your lifelong partner—thriving, inclusive, diverse, and responsive—providing the tools to ensure professional satisfaction with meaningful patient interactions.”



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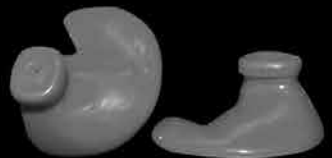


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Be a “difference maker”

Every month seems to begin and end with both new and recycled aggravations and impediments to practicing the type of medicine we envisioned when we entered the profession. Additional requirements and rules to practice piled on by hospitals, insurers, and licensing boards continue to add to frustrations as we are pushed further away from our patients. There is no question that these same patients can sense the building weariness and dissatisfaction in the healthcare delivery system. Patients themselves are suffering from burnout as they are forced to deal with the increasing complexity of our current healthcare system.

Most of my time as EVP/CEO of the Academy is spent identifying the current issues, predicting future directions, and marshaling both resources and support to positively affect the forces undermining our ability to give patients the best care possible. Even though we have experienced significant successes, the exasperation and disappointment our members and their patients feel when we fail to resolve illogical and territorial policies that exist “just because” is palpable.

Then, out of nowhere, a fortuitous string of events that strengthens one’s resolve helps get you back on track. I recently was blessed to experience two such events that validated the need to continue the aggressive pursuit of making things right for patients.

My current practice situation allows me the freedom to spend extended time with patients. This is fortunate, since most of my patients are seeing their fourth or fifth doctor trying to solve chronic problems such as cough, dizziness, and dysphagia. A recent patient who had seen physicians in four different specialties for problems with swallowing, chronic cough, hoarseness, and weight loss for the last nine months came in with their family seeking one final opinion before agreeing to a feeding tube. After a 30-minute conversation with the group and subsequent examination, it became clear that the current diagnosis was not the cause of the problem. Following the initiation of appropriate medical management, a full recovery ensued. I have received six letters from this patient and their family thanking me for taking the time to listen to the story and solve the problem, as well as offering their concern for my busy travel schedule. I can’t tell you how much these letters have buoyed my spirits.

I have also had the occasion to be on the other side of the relationship recently. An unexpected, serious medical condition of a family member allowed me to experience an uplifting, hopeful side of medicine that gives me great confidence that things will work out. The unselfishness of colleagues willing to assist us in finding the best possible care for this problem was remarkable. Starting with colleagues and strangers studying records and reading films on a weekend for a patient they have never seen, to our actual trip to Memphis, TN, everything was exemplary. The diagnostic acumen of the neurophthalmologist (Lauren Ditta, MD), neuroradiologist, and neurosurgeon (Frederick Boop, MD) was exceptional, but that’s not what stood out about the visit. At a time when anxiety was high and recommendations uncertain, the neuroradiologist we saw at Le Bonheur Children’s Hospital, Asim F. Choudhri, MD, was a “difference maker.” After a full day’s work, he spent an hour going over multiple MRIs with our family, considerably easing our minds. To top it off, he then drove us to our car at 8:30 pm so we wouldn’t have to walk. Really? I can assure you that we would not consider going anywhere else for follow-up, despite the travel requirements, based on our experience with the caring expertise displayed by these three physicians.

The Academy also strives to be a “difference maker.” We will be previewing a new patient information website in 2018. Our goal is to become a “trusted source” for patient-centric information presented in a fashion that is understandable by the lay public. With the proliferation of medical information available on the internet through multiple sites, it can be both difficult and frustrating for patients trying to separate “infomercial” type content from evidence-based recommendations. We will be upgrading our entire patient information portfolio as a part of this project. We will be looking for volunteers to participate in the production of the culturally sensitive, technology-enhanced materials that cover the breadth of the specialty.

Take the opportunity to be a “difference maker” whenever you can. I can assure you that the benefits you receive will at least equal those of your patients. We will continue to fight the daily battles, so you can focus on your patients and profession. ■



James C. Denny III, MD
AAO-HNS/F EVP/CEO

“Patients themselves are suffering from burnout as they are forced to deal with the increasing complexity of our current healthcare system.”

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BOARD OF GOVERNORS

What is the big deal with “big data”?

■ **Lance A. Manning, MD**

Chair, BOG Socioeconomic & Grassroots Committee

Medicine is going through growing pains. Physicians are encumbered by a growing burden of compulsory administrative and clinical tasks, many in the name of gathering huge volumes of data intended to help guide how medicine is practiced in the future. Certainly, the medical field is not the first to encounter the use of “big data.” Companies such as Amazon, Google, and Facebook use big data via machine-learning techniques to determine what item you might like to buy, what video you want to watch, or with whom you ought to connect. Many of the same predictive algorithms that drive the consumer market can allegedly be applied to the practice of medicine. Patient identification, management, monitoring, and prediction is a focus of the big data sought for application in medicine in various clinical data registries, such as Reg-entSM, which is a highlight of this month’s *Bulletin* Board of Governors (BOG) column.

But why? What is the value of this big data? Why have so many medical specialty societies invested major resources into data registries? Why does the leadership in our specialty, including the Executive Committees

and Board of Directors, support the Reg-ent registry in our specialty?

The obvious answer is that Medicare Access and CHIP Reauthorization Act (MACRA) legislation mandates that the Centers for Medicare & Medicaid Services (CMS) transition to “value-based” payment models.



Fulfilling this mandate in a sensible way requires CMS to analyze volumes of data to define “value” and to monitor its application. The grand vision of this endeavor is to harness the large-scale digitization of health information to deliver better health outcomes at lower cost. By aggregating more and more information and modeling this data, it is believed that patterns

can be identified that lead to actionable, evidence-based insights in healthcare delivery that will enhance the decision-making abilities of healthcare-related entities. Ultimately, this may allow for predictive care not only on the public health macro level, but also on an individual patient point-of-care level.

Along with many other physicians, I feel the increased burden brought about by quality reporting requirements as we navigate the iterative changes resulting from MACRA. We work to identify and understand the intent of various quality measures. We make requisite changes in our workflows, and in those

of our clinical staff, and office systems.

We strive to make sure that the quality practices we are performing are translated in the proper format to be documented in our electronic medical records and practice-management information technology systems. We endeavor to become not only experts in quality clinical practice but also experts in quality reporting, which are not necessarily the same thing.

When changes occur, there is a natural tendency to fear what may lie ahead. Yet, there is a list of exciting possibilities that might emerge as the fruit of these efforts relating to big data. For example, disease outbreak prediction and intervention may be enhanced. Individual patients, who may benefit from proactive interventions that they are unaware of, can be sought. Other benefits may include clinical guideline development, genomic analysis, fraud analysis, and safety monitoring with negative event prediction. As our population ages and subsequently requires more care, there is also an increased need to leverage our existing resources by applying technologies that may increase efficiency, such as telemedicine, remote management, and wearable technology. In short, the overall purpose of big data in medicine is to save lives, to improve health outcomes, and to lower the cost of providing care—all of which are laudable aims. ■

MAKE YOUR INVESTMENT IN THE FUTURE OF THE SPECIALTY



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- Helping define and develop otolaryngology specific quality measures

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The AAO-HNSF 2018 Annual Meeting & OTO Experience is the premier education and networking event for the otolaryngology-head and neck surgery community. More than 5,000 of the brightest and most talented medical experts from around the globe will convene October 7-10, in Atlanta, GA.

The Annual Meeting offers you a series of unique and dynamic education experiences, designed to broaden and enrich your understanding of otolaryngology-head and neck surgery and to give you a foundation for your continued learning.

We're adapting some formats and adding some new features to the Annual Meeting this year to help achieve the vision of providing cutting-edge, state-of-the-art education and networking opportunities that fully represent the diversity that makes up the international field of otolaryngology-head and neck surgery.

For the 2018 Annual Meeting, some program category names have changed:

- International Symposium
- Expert Series (previously known as Instruction Courses)
- Masters of Surgery Video Presentations
- Panel Presentations (previously known as Miniseminars)
- Scientific Oral/Poster Abstracts

The Welcome Ceremony (previously known as the Opening Ceremony) will move to a new time, 5:15 pm, on Sunday, October 7. The time change will allow additional time for attendees to arrive and register, while also providing a seamless transition to the President's Reception, a do-not-miss event!

The President's Reception will unite with what was formerly the Past President's function



to specifically honor them and the International Reception (previously held Tuesday evening) at 6:30 pm on Sunday, October 7, at the Georgia Aquarium. So, kick off the Annual Meeting at the largest aquarium in the Western Hemisphere housing more than 100,000 animals in over 10 million gallons of water!

For more information, visit www.entannualmeeting.org. ■

Save the date

Alumni reception at the AAO-HNSF 2018 Annual Meeting & OTO Experience

The AAO-HNSF 2018 Annual Meeting & OTO Experience, October 7-10 in Atlanta, GA, is the perfect place to reconnect with colleagues from your alma mater.

This year's reception takes place Tuesday, October 9, 6:30-8:00 pm (ET) in the Omni CNN Atrium. Don't miss the chance to network across your alumni institutions in this unique venue featuring a 15-story glass-enclosed atrium with sweeping views of the world-famous CNN Center.



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HEARING THE FUTURE

Congress recognizes World Hearing Day 2018

The AAO-HNS has joined others in the hearing health community to support a Congressional Resolution introduced by U.S. Representatives Mike Thompson (D-CA) and David McKinley (R-WV), co-chairs of the Congressional Hearing Health Caucus. The Resolution designates March 3, 2018, as World Hearing Day.

The World Health Organization founded World Hearing Day to raise awareness on how to prevent deafness and hearing loss and promote ear and hearing care throughout the world. World Hearing Day is observed annually on March 3.

Through the adoption of the Resolution, the U.S. House of Representatives recognizes the World Hearing Day 2018 theme “Hearing the Future,” underscoring the importance of hearing-loss prevention and noting the critical role hearing plays in communication, personal relationships, overall health outcomes, and

March 3
World Hearing Day
Sponsored by World Health Organization

#WorldHearingDay
www.entnet.org/content/patient-health



psychological well-being. Furthermore, the Resolution highlights the significance of patient access to early detection and intervention, recognizing the role otolaryngologists serve on the hearing healthcare team.

The AAO-HNS thanks Representatives Thompson and McKinley for their continued leadership on this and other hearing health issues and their efforts to raise awareness of hearing-loss prevention in the United States. ■

Don't delay!

Deadline approaching for 2018 international scholarships and awards

International Visiting Scholarships

Are you an international otolaryngologist-head and neck surgeon, under 40 years old, and in a junior full-time teaching position? You may be eligible for an International Visiting Scholarship (IVS) to attend the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA, and participate in an academic observership at a U.S.

otolaryngology department or institution (arranged independently by the candidate). Applications are due by April 15.

The AAO-HNSF Nikhil J. Bhatt, MD International Public Service and Humanitarian Awards

The AAO-HNS Foundation supports otolaryngologists around the world who demonstrate a unique commitment to the

specialty. The AAO-HNSF Nikhil J. Bhatt, MD International Public Service and Humanitarian Awards recognize the achievements of non-U.S. otolaryngologist-head and neck surgeons. To apply, candidates must either self-nominate or be nominated by a colleague and/or associate by April 15.

Visit www.entnet.org/content/international-grants-and-scholarships to learn more. ■



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Crowdsourcing knowledge

Learning from the Patient Safety Event Reporting Tool

■ **Michael E. McCormick, MD**, and **C.W. David Chang, MD**, for the Patient Safety and Quality Improvement (PSQI) Committee

We all have a wealth of experiences that guide our individual medical wisdom and decision-making process. How much more could our collective wisdom help us all troubleshoot and improve processes in our individual practice environments? There is much to be learned from our combined experiences.

In 2014, the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) launched a web-based Patient Safety Event Reporting Tool (PSERT), accessible through the Academy’s website www.entnet.org with member login. This reporting tool was modeled partly after a similar system used by the Federal Aviation Administration and was intended for use both as a resource for Academy members to learn from others’ experiences and as a tool to identify developing trends. Digital safeguards have been designed in the database to ensure anonymity.

The AAO-HNS Patient Safety and Quality Improvement (PSQI) Committee helped develop and test the platform prior to launch. The first report of the project published by Vila et al in 2017, reviewed 53 events collected from its inception January 7, 2014, to October 7, 2015. The authors reported that most entries resulted in harm to the patient, and the most common events were technical errors.

“

The fruits of this project require voluntary contributions by physicians from all practice types: academic and private, solo and group, rural and urban, and civilian and military.

”

A more recent review of the database performed by the PSQI Committee evaluated cases through December 2016. There was a cumulative total of 88 separate reports entered into the portal. Like the previous progress report, most cases resulted in harm to the patient, and most occurred in the operating room or in the hospital. One-third of entered cases involved an additional procedure for the patient and 11 percent involved the death of the patient. Interestingly, almost 60 percent involved what could be classified as a known sequelae of a procedure. Fourteen entries reported system or process errors, and 14 included defensive language or placed blame on another individual or a piece of equipment.

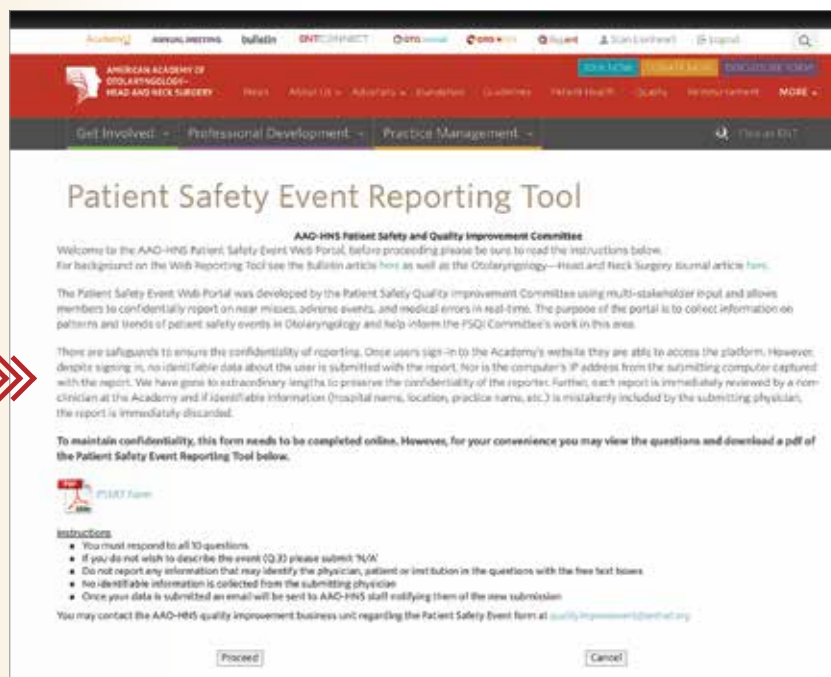
Subspecialty breakdown of reported cases reveals that most cases involved head

and neck surgery (25), followed by neurotology (11), and laryngology (11). This is, of course, not an indicator for frequency of events in our subspecialties.

“Big data” collection initiatives such as Reg-entSM, the American College of Surgeons National Surgical Quality Improvement Program, and Medicare/insurance claims data are systematic and broad in their collection of data. However, these databases are unable to capture situational detail, system/process issues, and communication factors that inform our understanding of safety events. In contrast, PSERT intentionally queries physicians for these details, without which root cause analysis is difficult.

Qualitative rather than quantitative analysis is the objective. The intent is neither

<http://www.entnet.org>



to statistically measure the incidence of or derive the statistical significance of otolaryngic complications. Rather, the tool allows members to share knowledge and learn from each others' events. While the reporting of any patient safety issue is welcome, we especially encourage sharing events that highlight:

- Medical/surgical technique problems
- System/process issues
- Knowledge gaps
- Issues requiring further attention by AAO-HNS leadership

The fruits of this project require voluntary contributions by physicians from all practice types: academic and private, solo and group, rural and urban, and civilian and military. Practices big and small review patient safety issues in a variety of ways. Hospital-based and academic-based practices have traditionally held "Morbidity and Mortality" conferences. Many smaller practices hold safety and quality reviews routinely during business meetings.

To facilitate data collection and reporting of events, physicians can download and print out a hard copy of the PSERT questionnaire located on the PSERT landing page. Having the printed form is helpful to structure discussion

during safety and quality conferences and/or to ensure that proper richness of detail is collected regarding each event discussed. Use of the form can be customized to the needs of each organization. For example, physicians could utilize the form to submit events for discussion. Alternatively, the form could be used as a structured way to take minutes. Either way, data collected on the form can later be transferred to the online database.

The PSQI Committee will periodically review PSERT data and report to the AAO-HNS membership through both summative articles and case-specific articles written in the *Bulletin* to highlight areas of interest and need. Information will also be shared with the Education Committees to provide feedback for physician-reported knowledge gaps so that educational offerings can be created to address deficiencies.

One recent interesting case from PSERT featured a pediatric tracheostomy tube that was inserted upside down in surgery. The Bivona® brand tube is flexible throughout its cannula shaft. Prior to insertion of the trach, a rigid obturator with a blunt-tipped end is inserted in the flexible trach shaft to provide some rigidity

during placement. In this instance, the obturator was inserted into the trach upside down (rotated 180 degrees). As the pediatric Bivona trach shaft is flexible, the tube conformed to the curve of the misinserted obturator. The trach was inserted into the patient (upside down). The mal-intubation was discovered post-operatively after ventilation difficulties were encountered. The tube was removed, rotated 180 degrees, and reinserted with good ventilation ability. This case provided feedback and education to the operating room staff, was applicable to all facets of the procedure, and identified areas for study and improvement.

The PSERT has proven an effective tool for the Academy membership to report adverse events. Your continued participation and contributions will help strengthen its utility as we all work together toward the common goal of improving patient safety. We need YOU to contribute and share with us your experiences. For more information, please contact us at qualityimprovement@entnet.org. ■

References

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AAO-HNS advocates on Anthem's Modifier 25 policy

As many AAO-HNS members are aware, in the fall of 2017, Anthem announced its plans to reimburse Evaluation and Management (E/M) services at a 50 percent rate when a significant, separately identifiable E/M service (appended with the 25 modifier) and surgery/diagnostic procedural services are performed on the same day. This policy was scheduled to be implemented in 14 states as early as January 2018.

In a letter to Anthem expressing concern with the proposed policy, the AAO-HNS advocated that the proposal was inconsistent with the

Centers for Medicare & Medicaid Services (CMS) reporting rules and the AMA Current Procedural Terminology (CPT) codes, guidelines, and conventions. The letter cited flaws with the rationale used to develop the policy and requested a meeting to discuss policy and implementation details in person.

As a result of collaborative efforts by the medical community, including the AAO-HNS and our members, Anthem has reconsidered how much it will lower the Modifier 25 E/M service when reported by the same provider in the same day as a minor surgery. Effective

March 1, Anthem will decrease the service value by 25 percent instead of the previously announced 50 percent. The AAO-HNS will continue to advocate to eliminate the reduction altogether, including state-based grassroots efforts.

To stay updated on the latest AAO-HNS advocacy efforts, and for resources to appeal this policy, visit www.entnet.org/modifier-25-advocacy. ■



Two grantees in western Kenya

■ Katherine Nickley, MD, and Neela Rao, MD

Katherine Nickley, MD, and Neela Rao, MD, traveled to Africa where they were members of Team 22, an otolaryngology surgical team, that worked at Kenya Relief's Brase Clinic in Migori, Kenya. There the team performed nearly 50 surgeries, from children as young as three with chronic ear infections to elderly women with thyroid goiters. The work was challenging but served as a reminder of the importance of delivering healthcare to those who have limited access and the impact it has on the patients' lives. Group photo: Katherine Nickley, MD, third from left seated on the bench, and Team 22 grin for the camera. Above, Neela Rao, MD, stands with a patient before surgery.

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SLEEP AWARENESS WEEK: MARCH 11 - 17, 2018

Otolaryngologists help celebrate Sleep Awareness Week

Otolaryngologists are uniquely qualified to diagnose and treat sleep disordered breathing. While other health professionals are often involved in the management of these disorders, no other professionals have such comprehensive expertise and ability to offer the breadth of treatment options to improve patient lives that we do.

■ For the Sleep Disorders and Media and PR Committees

Sleep Awareness Week is March 11-17, 2018. This annual event, created by the National Sleep Foundation, seeks to promote better sleep as a way to increase overall health and well-being. As physicians, we know that sleep deprivation is associated with significant and wide-ranging morbidity. Highlighting the vital role that sleep plays in human health—and the fact that a high percentage of Americans don't meet their body's need for sleep—Sleep Awareness Week is of particular relevance to otolaryngologists. Sleep disordered breathing is one of the most common sleep disorders and may in fact account for more sleep loss than any other sleep disorder. Snoring and sleep apnea deprive not only the patient of necessary sleep, but also the patient's bed-partner.

While “simple snoring” has not been shown to have any definite health risks, it has been said that sleeping next to someone who snores results in an hour or more of lost sleep per night. Over years or decades of a relationship, that can amount to a staggering amount of sleep deprivation for a bed-partner. It's no wonder that people in “snoring relationships” report lower marital satisfaction scores, argue more, and have less sex than non-snoring couples.

Sleep apnea, of course, has been associated with significantly increased cardiovascular risk, including an increased risk of hypertension, stroke, and heart attack. Sleep apnea is also associated with an increased risk of type 2 diabetes. Other consequences of untreated sleep apnea include depression, increased daytime sleepiness, decreased workplace productivity, and an increased risk of automobile and workplace accidents. While up to 15 percent of adults are estimated to suffer from sleep apnea,



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The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) is the world's largest organization representing specialists who treat the ear, nose, throat and related structures of the head and neck.



the vast majority of sleep apnea sufferers have yet to be diagnosed. Even among those who have been diagnosed, most remain untreated.

Otolaryngologists are uniquely qualified to diagnose and treat sleep disordered breathing. While other health professionals are often involved in the management of these disorders, no other professionals have such comprehensive expertise and an ability to bring so much to the table when it comes to helping patients. From administering and evaluating sleep studies to medical management of underlying allergy, reflux, obesity, etc., and from procedures that range from simple office treatments to complex surgical interventions, to devices from oral appliances to CPAP, otolaryngologists can offer patients a more comprehensive range of options than any other professional.

So how can we, as otolaryngologists, most effectively help our patients get better sleep? First, as part of your medical history intake, consider asking patients about their sleep

habits, just as you would ask about alcohol and tobacco use. Speak with your patients about the value of sleep. Highlighting sleep's importance by discussing it during office visits may help patients better appreciate and prioritize sleep. Screening patients for sleep disordered breathing (with Berlin, STOP-BANG, or other surveys) as part of new patient data collection can help identify high-risk patients. Letting patients know that there are many treatment options for sleep apnea can be helpful, too, as many patients avoid having a sleep study out of fear that CPAP will be their only solution. Display patient education materials about sleep, sleep hygiene, and selected sleep disorders in your waiting and exam rooms to help raise awareness. Educate your staff so they can be a resource and help spread the word about the importance of sleep. Sleep Awareness Week is the perfect opportunity for you to take steps to help your patients live happier, healthier, more productive lives by getting the sleep they need to be their best! ■

AAO-HNS to participate in FDA workshop on sleep devices

On April 16, 2018, the U.S. Food and Drug Administration (FDA) will convene a public workshop at its Silver Spring, MD, campus regarding the regulation of medical devices for sleep disordered breathing. The FDA's goal for the workshop is to expedite innovation and patient access to sleep apnea devices. The AAO-HNS was invited by the FDA to serve as a key participant in the planning of the workshop. In addition, several AAO-HNS physician leaders will participate as speakers and panel members at the meeting, joining other clinicians, device manufacturers, patients, and stakeholders. ■

MAKE A CHOICE CHERISH YOUR VOICE

WORLD VOICE DAY

— APRIL 16, 2018 —

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Make a choice, cherish your voice

■ **James J. Daniero, MD, MS;** Assistant Professor
Director, Laryngology and Voice Care;
Department of Otolaryngology-Head
and Neck Surgery, University of Virginia

From the moment we wake up in the morning to the second we fall asleep, we all make tens of thousands of **choices**. Simple decisions are made, such as what to wear based on the weather, expected activities of the day, and the status of laundry. More complex decisions are made, such as when to fit exercise into the weekly routine and how to manage stress within the week. Each individual **choice** has associated downstream effects, with the collective result of these **choices** impacting the state of our minds and bodies to varying degrees in either a positive or negative way. As with our total body health, a vocally healthy lifestyle involves making life **choices** and establishing positive behavioral interventions. Consequently, these healthy **choices** prime the environment for atraumatic and efficient voice production.

In addition, each of us has a unique vocal signature comparable to a vocal fingerprint. The voice includes defining characteristics of pitch, loudness, resonance, and clarity. The unique permutation of these characteristics is distinctly recognizable, closely associated with our identity, and therefore should be something that we **cherish** when navigating the many thousands of **choices** that we make daily. Simple interventions such as voice conservation, hydration, and humidification allow for efficient laryngeal biomechanics by increasing vocal fold pliability and creating a low-friction system. Moreover, keeping our minds and bodies “in-tune” helps to maintain the same within our larynges. For example, many laryngeal disorders result from a mind-body disconnect, such as paradoxical vocal fold motion (voice cords move incorrectly),

muscle tension dysphonia (straining as in hoarseness), and functional aphonia (inability to speak). These conditions can often be successfully treated by a voice-trained speech-language pathologist utilizing behavioral techniques including biofeedback, vegetative tasks, and mindfulness. Furthermore, the systemic manifestations of sicca (dryness) and inflammation lead to chronic laryngeal injury that can be addressed by proper hydration and diet modification. For those individuals that are unable to resolve laryngopharyngeal reflux with diet modification, a trial of antireflux medications may be required to avoid chronic laryngeal damage. Making our vocal health a priority involves making the **choice** to eat healthier, quit smoking, and limit alcohol consumption, which also have the benefit of being systemic health improvements.

Finally, the manner in which we use our voices has direct correlation with the state of our vocal folds. Phonation (making sound), even in moderate doses, leads to minor vocal fold epithelial (outer tissue) damage; however, with a proper amount of rest, the body’s natural wound repair mechanisms restore the vocal tissue to its proper state. Therefore, an appropriate balance between environmental damage, voice-induced trauma, and repair must be maintained to avoid cumulative (increasing) injury. A negative balance may result in a variety of phonotraumatic lesions, such as scar, vocal polyps, or nodules. Maintaining this balance is yet another example of healthy **choices** that help to preserve vocal health. Recognizing this critical relationship gives us the tools to **cherish** our voices by making the right **choices**.

You can **cherish** your voice by making these healthy **choices**:

- Drink plenty of water each day
- Limit coffee, caffeinated tea, and soda
- Avoid vocal overuse and abuse
- Quit smoking, avoid the use of smokeless

tobacco, and limit exposure to secondhand smoke

- Treat associated acid reflux
- Manage stress appropriately

It is with a focus on these healthy **choices** that we celebrate World Voice Day 2018 with the theme “Make a **Choice**, **Cherish** your Voice.” ■

Download the World Voice Day 2018 poster

Share the poster featured on pages 18-19 with your patients and spread the word about the importance of a healthy voice. Visit www.entnet.org/worldvoiceday to print your 2018 poster and access other World Voice Day resources.

1. Go to www.entnet.org/worldvoiceday to access the high-resolution print file.
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To recognize World Voice Day on April 16, the Voice Committee developed the theme, "Make a Choice, Cherish Your Voice." Committee members offer responses to patients' common questions on just how to care for and respect one of our most used relationship tools: our voice.

Featuring questions by **Lyndsay L. Madden, DO**, with answers by **James J. Daniero, MD**; **Priya D. Krishna, MD**; **Norman D. Hogikyan, MD**; **Melissa M. Mortensen, MD**; and **Craig R. Villari, MD**.

Q I am a smoker. What exactly does smoking do to my vocal cords and why should I stop?

A James J. Daniero, MD: Tobacco is both an airborne irritant and chemical carcinogen. Therefore, in addition to the direct cause of tobacco smoke leading to throat cancer, repetitive irritation produces generalized inflammation resulting in a poor voice quality that can be permanent. The vocal cord lining replaces itself every five days; however, tobacco

leads to accumulation of mutations within the precursor cells. This accumulated damage produces abnormal thickened vocal cord tissue and dysplasia (precancerous cells). Further injury can lead to squamous cell carcinoma, a very aggressive form of cancer affecting the throat lining. Therefore, quitting smoking can reduce the accumulated damage and limit the associated cancer risk. In addition to the risk of cancer, the chronic non-specific inflammation can, over time, lead to specific vocal cord changes, such as permanent vocal cord swelling

(called polypoid corditis) and thickened vocal cord lining (called leukoplakia and hyperkeratosis). These changes require surgery to correct them and have the potential to recur. Quitting smoking immediately is the best way to prevent the occurrence/recurrence of these changes.

Q What is the role of a speech pathologist in the care of my voice disorder?

A Priya D. Krishna, MD: The speech pathologist plays a very central role in the care of your voice disorder. The speech pathologist will help in the initial diagnosis and assessment of your voice disorder, frequently in combination with a laryngologist. Speech pathologists have special training in evaluating your voice use and your overall vocal functioning. For the majority of voice disorders, the speech pathologist is also the key clinician involved in the treatment of your voice disorder through voice therapy, especially if the disorder arises from phonotrauma (trauma to the vocal folds from overuse, misuse, or abuse of the voice). He or she is also able to refer you to other appropriate healthcare professionals if medical or surgical evaluation and treatment is needed.

Q My voice is hoarse. Does that mean I have acid reflux?

A Norman D. Hogikyan, MD: I had to smile when this question was posed to me because my off-the-cuff answer would be a very unsatisfying, "It depends upon whom you ask." A more thoughtful and considered answer would be, "Maybe, but in my experience, reflux is invoked as the etiology of dysphonia much more often than is actually the case."

As a laryngologist, I know there are many different potential causes of dysphonia, and the diagnostic process should include a thorough history, a vocal capabilities assessment, and a detailed laryngeal examination. Additional diagnostic tests can also be performed as needed. Having said that, though, a particular

diagnosis can only be rendered if it falls within the universe of diagnoses known to the evaluating clinician.

Most every clinician has heard of reflux and knows that it can cause dysphonia. Many other possible etiologies of dysphonia are unfamiliar to primary care physicians, and in some cases to otolaryngologists who do not practice laryngology. If you couple lack of familiarity with an evaluation that is absent of key elements of the diagnostic process for voice patients—such as vocal capabilities assessment or endoscopy—you have a recipe for over-diagnosis of reflux.

Q I am a singer. What are some things that I can do to ensure my voice stays healthy throughout my career?

Melissa M. Mortensen, MD:

A **1. Think of yourself as a vocal athlete.** Just like an athlete, it is important for a singer to receive the proper training regarding technique and use. It is important to not overuse the voice. It is important to get plenty of rest, eat a well-balanced diet, and get plenty of hydration. Just like professional athletes who spend hours perfecting their abilities, it is important for the singer to have the same disciplined practice schedule with intervals of rest and recovery to perform at an optimal level, regardless of genre.

2. Warm up. Just as the athlete stretches, it is important to have exercises to stretch out your vocal muscles, or warm up. Every singer always needs a good vocal warm-up before they sing. Whether practicing or getting ready to go on stage, a good warm-up is vital. Many new or inexperienced artists risk doing permanent damage to their vocal folds because they are unaware of the importance of doing a warm-up before they sing.

3. Hydration, hydration, hydration. It is important to be well-hydrated for any singer. Drinking non-carbonated and non-caffeinated drinks helps the mucous that coats the vocal folds to act as a lubricant. Most experts

recommend plenty of water daily to ensure this. Otherwise, you could find yourself with a dry, scratchy throat, the need to clear your throat more often, and needing more effort to use your voice.

4. Be an original. You want your voice to be the next big thing and not be a copycat. Trying to imitate another singer's style could put undue pressure on your vocal folds, and you may then sing or do things outside of your comfortable physiologic range or current vocal skill level. This could result in vocal injury. Let your style speak, or sing, for itself.

5. Optimize your schedule. Just like an athlete before the big game, you should not cram all your preparation for your shows and auditions at once. An athlete would not try to prepare for the big game by practicing all in one day, and neither should you. You should sing in small increments daily, about 30-45 minutes, until you have worked on building your muscular skill and stamina. As you improve, you can increase the length of time and vocal difficulty of the pieces you are practicing.

6. Avoid activities that cause trauma to your vocal folds. These include the obvious such as yelling and screaming, and the not so obvious, such as prolonged speaking, speaking loudly, and singing loudly for prolonged periods of time. All of these activities cause the vocal folds to bang together at a higher velocity. The immediate impact can be vocal fold swelling and irritation. The long-term impact can be vocal fold nodules.

7. Avoid alcohol and smoking. Smoking causes your vocal folds to be irritated. Constant irritation can lead to vocal fold edema, which can lead to phonotraumatic problems. Alcohol can cause dehydration of the vocal folds so they don't vibrate effectively. Both alcohol and smoking can predispose you to acid reflux, which can cause further swelling and injury to the vocal folds.

Q As I get older, I feel as if I am losing my voice all of the time. What could be going on and can it be stopped?

A **Craig R. Villari, MD:** There are many potential causes for these voice changes, but one of the most common is a normal thinning of the vocal folds that occurs with age. As the vocal folds lose bulk over time, their ability to vibrate against one another becomes impaired. This gap that forms between the vocal folds creates a leaky valve that allows air to inefficiently leak through the voice box, often resulting in decreased loudness and a weaker, breathy voice quality.

The most important step in addressing this concern is appropriate workup, including examination of the vocal folds themselves. The vocal folds are often visualized with a common in-office examination called a laryngoscopy. This exam is performed with a mirror, a flexible camera introduced through the nose, or a rigid telescope introduced through the mouth. A special adjunct to this exam, called stroboscopy, can be used during laryngoscopy to more precisely assess the bulk of the vocal folds and their ability to vibrate against each other. These exams are essential for both confirming the suspected diagnosis and ruling out other, more concerning causes for voice changes.

Once the diagnosis is established, the focus can be turned to treatment. Treatment usually consists of voice therapy, vocal fold augmentation, or a combination of the two. The goal of these treatments is to increase the efficiency of vocal fold contact while voicing. With voice therapy, a speech language pathologist will create an exercise regimen for the patient to practice outside of therapy sessions; this is often done over a period of several weeks to months. For medically appropriate patients desiring a shorter duration of treatment, vocal fold augmentation can be considered. In this process, bulk is added with either an injected filler material or a surgically placed implant.

Various quality of life studies show that patients with these concerns are often quite happy with the results they achieve with treatment. These patients find they withdraw less from social engagements and find everyday communication to be much easier. ■

Updates to improve quality of care for patients with Dysphonia

Adapted from the March 2018 supplement to *Otolaryngology-Head and Neck Surgery*. Read the guideline at www.otojournal.org.

Dysphonia affects nearly one-third of the population at some point in their lives. The primary purpose of the *Clinical Practice Guideline Hoarseness (Dysphonia) (Update)* is to improve the quality of care for patients with dysphonia, based on current best evidence. Expert consensus to fill evidence gaps, when used, is explicitly stated and supported with a detailed evidence profile for transparency. Specific objectives of the guideline are to reduce inappropriate variations in care, produce optimal health outcomes, and minimize harm.

The 2018 guideline update was chaired by **Robert J. Stachler, MD**, with **David O. Francis, MD, MS**, serving as assistant chair, and **Seth R. Schwartz, MD, MPH**, as the methodologist.

The prior guideline was published in 2009 and allowed for up to three months of symptoms prior to laryngeal evaluation in patients without significant concerns, said Dr. Stachler, a clinical associate professor at Wayne State University. The update shortens the amount of time allowed before performing a laryngoscopy in all patients. The updated guideline incorporates new evidence profiles to include the role of patient preferences, confidence in the evidence, difference of opinion, and quality improvement opportunities. It also includes considerations from three related new guidelines, 16 new systematic reviews, and four new randomized controlled trials.

“A lot of work has gone into making sure that the perspective of all stakeholders has been taken

into account,” said Dr. Stachler. “We addressed things that were contentious after publication of the first guideline. Primarily we address the timing of laryngoscopy for persistent dysphonia. As in the original guideline, physicians may perform diagnostic laryngoscopy at any time, especially for patients with higher level of concern. For all patients with dysphonia, we clarified that earlier evaluation of the larynx is beneficial.”

The guideline update was endorsed by the following organizations: American Academy of Otolaryngic Allergy (AAOA); Society of Otorhinolaryngology and Head-Neck Nurses (SOHN); National Association of Teachers of Singing (NATS); National Spasmodic Dysphonia Association (NSDA); American Broncho-Esophagological Association (ABEA); American Laryngological Association (ALA); American Speech-Language-Hearing Association (ASHA); American Society of Pediatric Otolaryngology (ASPO); American Academy of Pediatrics (AAP); American College of Chest Physicians (ACCP); and American Academy of Physical Medicine and Rehabilitation (AAPM&R).

An Affirmation of Value for the guideline update was received from the American Academy of Family Physicians (AAFP).

The full guideline, and its other resources, are available at <http://www.entnet.org/content/clinical-practice-guidelines> and in the March *Otolaryngology-Head and Neck Surgery* journal at www.otojournal.org. ■



This guideline applies to all age groups evaluated in a setting where dysphonia would be identified or managed. It is intended for all clinicians who are likely to diagnose and manage patients with dysphonia.

Guideline recommendations	The guideline development group recommended against certain actions. These include:	The panel group made the following statement an option:
<p>Identification of Abnormal Voice Clinicians should identify dysphonia in a patient with altered voice quality, pitch, loudness, or vocal effort that impairs communication or reduces quality of life.</p> <p>Identifying Underlying Cause of Dysphonia Clinicians should assess the patient with dysphonia by history and physical examination for underlying causes of dysphonia and factors that modify management.</p> <p>Escalation of Care Clinicians should assess the patient with dysphonia by history and physical examination to identify factors where expedited laryngeal evaluation is indicated. These include but are not limited to recent surgical procedures involving the head, neck, or chest; recent endotracheal intubation; presence of concomitant neck mass; respiratory distress or stridor; history of tobacco abuse; and whether the patient is a professional voice user.</p> <p>Need for Laryngoscopy in Persistent Dysphonia Clinicians should perform laryngoscopy, or refer to a clinician who can perform laryngoscopy, when dysphonia fails to resolve or improve within four weeks or irrespective of duration if a serious underlying cause is suspected.</p> <p>Laryngoscopy Prior to Voice Therapy Clinicians should perform diagnostic laryngoscopy, or refer to a clinician who can perform diagnostic laryngoscopy, before prescribing voice therapy and document/communicate the results to the speech-language pathologist.</p> <p>Advocating for Voice Therapy Clinicians should advocate voice therapy in patients with dysphonia from a cause amenable to voice therapy.</p> <p>Surgery Clinicians should advocate for surgery as a therapeutic option for patients with dysphonia with conditions amenable to surgical intervention, such as suspected malignancy, symptomatic benign vocal fold lesions that do not respond to conservative management, or glottic insufficiency.</p> <p>Botulinum Toxin Clinicians should offer, or refer to a clinician who can offer, botulinum toxin injections for the treatment of dysphonia caused by spasmodic dysphonia and other types of laryngeal dystonia.</p> <p>Education/Prevention Clinicians should inform patients with dysphonia about control/preventive measures.</p> <p>Outcomes Clinicians should document resolution, improvement, or worsened symptoms of dysphonia, or change in quality of life among patients with dysphonia after treatment or observation.</p>	<p>Imaging Clinicians should not obtain computed tomography (CT) or magnetic resonance imaging (MRI) among patients with a primary voice complaint prior to visualization of the larynx.</p> <p>Antireflux Medication and Dysphonia Clinicians should not prescribe antireflux medications to treat isolated dysphonia, based on symptoms alone attributed to suspected gastroesophageal reflux disease (GERD) or laryngopharyngeal reflux (LPR), without visualization of the larynx.</p> <p>Corticosteroid Therapy Clinicians should not routinely prescribe corticosteroids for patients with dysphonia prior to visualization of the larynx.</p> <p>Antimicrobial Therapy Clinicians should not routinely prescribe antibiotics to treat dysphonia.</p>	<p>Laryngoscopy and Dysphonia Clinicians may perform diagnostic laryngoscopy at any time for a patient with dysphonia.</p>

Guideline authors
Robert J. Stachler, MD; David O. Francis, MD, MS; Seth R. Schwartz, MD, MPH; Cecelia C. Damask, DO; German P. Digoy, MD; Helene J. Krouse, PhD, RN, ANP-BC, CORLN; Scott J. McCoy, DMA; Daniel R. Ouellette, MD; Rita R. Patel, PhD, CCC-SLP; Charles (Charlie) W. Reavis; Libby J. Smith, DO; Marshall Smith, MD; Steven W. Strode, MD, Med, MPH; Peak Woo, MD; and Lorraine C. Nnacheta, MPH

AAO-HNSF Guideline development process and the obligations associated with the guideline recommendations are documented in the Clinical Practice Guideline Development Manual, Third Edition: a quality-driven approach for translating evidence into action (http://oto.sagepub.com/content/148/1_suppl/S1.long).

Disclaimer
The clinical practice guideline is provided for information and educational purposes only. It is not intended as a sole source of guidance in managing hoarseness (dysphonia). Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to diagnosing and managing this program of care. As medical knowledge expands and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions, but they are not absolute. Guidelines are not mandates; these do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNSF, Inc emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.

CLINICAL PRACTICE GUIDELINES

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FREQUENTLY ASKED QUESTIONS ABOUT VOICE THERAPY

WHY IS VOICE THERAPY RECOMMENDED FOR DYSPHONIA?	<p>Voice therapy has been demonstrated to be effective for dysphonia across the lifespan from children to older adults. Voice therapy is the first line of treatment for vocal fold lesions like vocal nodules, polyps, or cysts. These lesions often occur in people with vocally intense occupations like teachers, attorneys, or clergy. Another possible cause of these lesions is vocal overdoing often seen in sports enthusiasts; in socially active, aggressive, or loud children; or in high energy adults who often speak loudly. Voice therapy, specifically the Lee Silverman Voice Therapy method, has been demonstrated to be the most effective method of treating the lower volume, lower energy, and rapid-rate voice/speech of individuals with Parkinson's disease.</p> <p>Voice therapy has been used to treat dysphonia concurrently with other medical therapies like botulinum toxin injections for spasmodic dysphonia and/or tremor. Voice therapy has been used alone in the treatment of unilateral vocal fold paralysis, presbyphonia, vocal process granuloma, and has been used to improve the outcome of surgical procedures as in vocal fold augmentation or thyroplasty. Voice therapy is an important component of any comprehensive surgical treatment for dysphonia.</p>
WHAT HAPPENS IN VOICE THERAPY?	<p>Voice therapy is a program designed to reduce dysphonia through guided change in vocal behaviors and lifestyle changes. Voice therapy consists of a variety of tasks designed to eliminate harmful vocal behavior, shape healthy vocal behavior, and assist in vocal fold wound healing after surgery or injury. Voice therapy for dysphonia generally consists of 1 to 2 therapy sessions each week for 4 to 8 weeks. The duration of therapy is determined by the origin of the dysphonia and severity of the problem, co-occurring medical therapy, and importantly, to patient commitment to the practice and generalization of new vocal behaviors outside the therapy session.</p>
HOW DO I FIND A QUALIFIED SPEECH LANGUAGE PATHOLOGIST WHO HAS EXPERIENCE IN VOICE?	<p>The American Speech Language and Hearing Association (ASHA) is an excellent resource for finding a certified speech-language pathologist by going to the ASHA website (www.asha.org) or by accessing ASHA's online search engine called ProSearch at: http://www.asha.org/proserv. You may also contact ASHA's Action Center, Monday through Friday (8:30am-5:00pm) at: 1-800-498-2071; Fax: 301-296-8580; TTY (Text Telephone Communication Device): 301-296-5650; E-mail: actioncenter@asha.org.</p>

SOURCE: Stachler RJ, Francis DO, Schwartz SR et al. Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). *Otolaryngol Head Neck Surg*. 2018; 158(Suppl 1):S1-SXX



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ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngology-head and neck surgeons to deliver the best patient care."

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PATIENT INFORMATION

FREQUENTLY ASKED QUESTIONS ABOUT VOICE THERAPY

DOES INSURANCE COVER VOICE THERAPY?	Generally, Medicare, under the guidelines for coverage of speech therapy, will cover voice therapy if provided by a certified and licensed speech-language pathologist, ordered by a physician, and is deemed medically necessary for the diagnosis. Medicaid varies from state to state but generally covers voice therapy, under the rules for speech therapy, up to the age of 18 years old. It is best to contact your local Medicaid office, as there are state differences and program differences. Private insurance companies vary and the consumer is guided to contact their insurance company for specific guidelines for their purchased policies.
ARE SPEECH THERAPY AND VOICE THERAPY THE SAME?	Speech therapy is a term that encompasses a variety of therapies including voice therapy. Most insurance companies refer to voice therapy as speech therapy but they are the same thing if provided by a certified and licensed speech-language pathologist.

SOURCE: Stachler RJ, Francis DO, Schwartz SR et al. Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). *Otolaryngol Head Neck Surg.* 2018; 158(Suppl 1):S1-SXX



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

FOUNDATION

www.entnet.org

ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngology-head and neck surgeons to deliver the best patient care."

CLINICAL PRACTICE GUIDELINES

PATIENT INFORMATION

HOW TO PREVENT HOARSENESS (DYSPHONIA)

WHAT IS DYSPHONIA?	Altered vocal quality, pitch, loudness, or vocal effort that impairs communication as assessed by a clinician and/or affects quality of life.
WHO IS AT GREATEST RISK FOR DEVELOPING DYSPHONIA (HOARSENESS)?	Individuals who professionally use their voices such as singers, teachers, and call-center operators, certain age groups including children, older persons, and smokers.

WHAT PREVENTIVE MEASURES CAN HELP REDUCE VOICE DISORDERS?

DO	Adequately hydrate by drinking plenty of water daily.
DO	Use of amplification (microphone or megaphone) in large noisy spaces can help reduce shouting and voice strain.
DO	Rest your voice briefly to prevent voice fatigue, straining, and overuse.
DO	Provide indoor air humidification in dry, arid environments.
AVOID	Smoking and second-hand smoke from cigarettes, cigars, and pipes that can irritate your airway, throat, nose, and mouth.
AVOID	Overusing or straining your voice by yelling, shouting, speaking over loud noises, and whispering.
AVOID	Excessive throat clearing and coughing.
AVOID	Alcohol (beer, wine, liquor) and caffeine beverages (coffee, soft drinks) as they can dry the throat resulting in mucous thickening.
AVOID	Use of drying medications (some antihistamines, diuretics).

SOURCE: Adapted from Stachler RJ, Francis DO, Schwartz SR et al. Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). *Otolaryngol Head Neck Surg.* 2018; 158(Suppl 1):S1-SXX

ABOUT THE AAO-HNS/F

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Registration & Housing Opens 3/1/18!

7TH Annual Summer Sinus Symposium

The Best Sinus Course in the World: Improving Rhinology from Office to OR



July 12-14, 2018
The Westin Seattle, Seattle, WA

Course Directors:
Greg Davis, MD, FARS;
Marc Dubin, MD, FARS;
Douglas Reh, MD, FARS

MEETING HIGHLIGHTS:

• **Keynote Speaker:** *Albert Merati, President Elect AAO*

• **Signature Social Event –**
Chihuly Glass Museum

- Cadaver Prosections
- Primary frontal sinus surgery: To do, or not to do?
- Second chances: Finding success in revision sinus surgery
- Would you do this in your office?
- Nasal polyps, our nemesis
- Complications of endoscopic sinus surgery: Managing the worst-case scenario

- Surgical failures after a textbook surgery: The chronically infected sinus
- Coding controversies. How would I code this? A case based panel
- Cough, throat clearing, and postnasal drip; tips for treatment of these challenging symptoms
- I don't have migraines, Doc, I have sinus headaches
- Balloon Dilation: From sinuses to eustachian tubes
- Topical therapies for chronic rhinosinusitis
- Prednisone: Friend and foe
- Epistaxis, hemostasis and HHT
- Epiphora – I'm really not crying

- Technical tips for successful orbital decompression
- Defining Appropriate Medical Therapy for CRS
- Understanding the International Consensus on Allergy and Rhinology Statements...and the most recent Allergic Rhinitis installment
- Controversies in allergy testing and immunotherapy: Challenging traditional practice
- The functional nose: When to do more than septoplasty and turbinate reduction
- Contemporary approaches to the turbinates, nasal septum, and nasal obstruction

- Endotypes matter in CRS management
- Asthma update: What every ENT should know about state of the art asthma treatment
- Runny noses: A comprehensive approach to the medical and surgical treatment of pediatric sinusitis
- Management of CSF Rhinorrhea
- Frontal drill out: When, why and how
- Complex inflammatory sinusitis cases: Case presentations
- Pituitary surgery: Pearls and Pitfalls
- Skull base cases: Case presentations

ANCILLARY NON-CME & Social Events

THURSDAY, 7/12/18

5:15 - 6:15 pm
Accurant Evening Symposium
Leveraging New Advancements in 3D ENT Navigation

FRIDAY, 7/13/18

7:30 - 8:30 am
Intersect ENT Breakfast Symposium
Advancing Care for Recalcitrant Polypoid Patients with Evidence-based Innovation

12:00 - 1:00 pm
Arrinex Lunch Symposium
Chronic Rhinitis: Neurophysiology and New Treatment Paradigms

12:00 - 1:00 pm
Cook Medical Lunch Symposium
Nasoseptal Flap Donor Site Repair Using Biologic Grafts

12:00 - 1:00 pm
Entellus Medical Lunch Symposium
Office Based Sinus Surgery for Chronic Sinusitis, Eustachian Tube Dysfunction and Nasal Airway Obstruction

1:00 - 5:00 pm
Entellus Medical Cadaver Lab
Approaches to Office-Based Sinus Surgery: A Hands-On Lab

1:00 - 3:00 pm & 4:00 - 6:00 pm
Medtronic Cadaver Lab
Navigating In-Office Sinus Surgery

1:00 - 5:00 pm
Olympus Cadaveric Lab
Enhanced Visualization in Advanced Surgery Techniques for Practicing Rhinologists

12:00 - 1:00 pm
Stryker Lecture and Mobile Lab
Frontal Sinus Masterclass Using Building Blocks® Anatomy Planning and Target Guided Surgery Dissection

6:30 - 8:00 pm
Women in Rhinology Networking Event

SATURDAY, 7/14/18

7:30 - 8:30 am
OptiNose Breakfast Symposium

Details at <http://www.american-rhinologic.org/ss>

Contact: Wendi Perez, Executive Administrator, ARS, PO Box 269, Oak Ridge, NJ 07438 | Tel: 973-545-2735 | Fax: 973-545-2736 | wendi@amrso.com

www.american-rhinologic.org

Hosted by the Department of Otorhinolaryngology Head and Neck Surgery

RUSH UPDATE in OTOLARYNGOLOGY 2018

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Albert Merati, MD
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MEDICAL COLLEGE
OF GEORGIA**



*A **FREE** event that will include an update and overview of current concepts in General Otolaryngology, Laryngology, Rhinology, Otology, Facial Plastics, Pediatric Otolaryngology and Head and Neck Surgery.*

Distinguished Guest Speaker:
Howard Francis, MD, MBA, FACS
Professor and Chief, Division of Head and Neck Surgery and Communication Sciences, Duke University Medical Center

Program Co-Chairs:
Michael W. Groves, MD, FACS
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*Department of Otolaryngology – Head and Neck Surgery
Augusta University, Medical College of Georgia*

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5 Day Courses

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March 25-29, 2019
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Fee: \$1800 Physicians in Practice
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For more information, please visit our website at:

www.otolaryngology.emory.edu

or you may email us at:

emoryotolaryngology@emory.edu

18th Annual
**Charleston Magnolia
Conference**

June 1 - 2, 2018

– Guest Speakers –

John L. Dornhoffer, M.D.

Professor and Chair

Department of Otolaryngology - Head & Neck Surgery
University of Arkansas for Medical Sciences

C. Gaelyn Garrett, M.D.

Professor and Vice Chair of Otolaryngology
Department of Otolaryngology - Head & Neck Surgery
Vanderbilt University School of Medicine

Andrew H. Murr, M.D.

Professor and Chair

Department of Otolaryngology-Head & Neck Surgery
University of California San Francisco Medical Center

– Topics –

Chronic Rhinosinusitis • Hearing Loss • Chronic Ear Disease
Cochlear Implants • Vestibular Disorders
Pediatric ENT • Voice & Swallowing Disorders
Head & Neck Cancer • Facial Plastic Surgery • Facial Trauma
Sialadenitis • Office Laryngology

– Recreation –

Beaches | Golf | Historic Charleston | Spoleto Arts Festival USA



Otolaryngology – Head & Neck Surgery
Contact: 843-876-0493 • taylojul@musc.edu
ENT.musc.edu



Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

Otorhinolaryngologist

Rutland, Vermont

We are looking for an Otolaryngologist, for to join our well established, hospital owned practice. This is a fulltime position with an annual salary of \$350k base plus production incentive. \$25k signing bonus. ER call 1:4. Join 2 other surgeons in this practice, with three Physician Assistants. Clinical faculty appointment possible. Teaching opportunity with med students and Advanced Practitioner students if desired. Board Certified or Board Eligibility with intent to become board certified.

Generous benefits of Malpractice, Health, Dental, and Disability insurances, 403b with hospital match, Defined Contribution retirement account, and tax-deferred earnings program. \$6000 annual CME allowance. Up to \$10k in relocation assistance.

There are two office locations. Each location has a fully developed Audiology program.

Well established EMR with hospital and home digital x-ray viewing capability.

100 bed community hospital with ER volume of 36,000 patient visits per year. ER physicians are residency trained. ICU with 24-hour intensivist coverage. Hospital based Community Cancer Center with COC certification. Service area 85,000 and new ENT Medical Office Building plans.

Great family oriented community with vast array of outdoor activities at your doorstep including 2 ski resorts within 20 minutes of hospital. Located in the Heart of the Green Mountains, near the base of Killington Ski Resort, our location offers wonderful recreational fun, good schools in safe communities, and easy access to Boston, Montreal, and NYC. This is a chance to practice and live in a location most desire for vacation.

RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an "A" rating from The Leapfrog Group" for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for "Teamwork between providers and nurses", "Expertise of nursing staff", and "Performance of Administration". We are also a recognized Nursing Magnet Hospital.

Rebecca Banco, CMSR, DASPR

Inhouse Physician Recruiter, Rutland Regional Medical Ctr, bbanco@rrmc.org





Transitioning from the Study of Medicine into the Practice of Medicine.

Now you are making a long term decision, the impacts of which will have a profound effect on your personal and financial future. Well, at ENT and Allergy Associates, we specialize in turning residents and fellows into successful private practitioners.

ENT and Allergy Associates (ENTA) is the largest and most comprehensive physician owned otolaryngology practice in New York and New Jersey, with a 20+ year track record of success, growth and patient satisfaction. In an ongoing effort to meet the growing demand for otolaryngologic care, we at ENTA continue to seek ENT physicians with knowledge of General ENT, Neurotology, Laryngology, and Sinus to join our practice. **Here's what we offer:**

- ▶ Starting salary of \$300,000
- ▶ Well-traveled road to partnership without buy-ins and buy-outs
- ▶ Governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine
- ▶ 40+ state-of-the-art offices outfitted with cutting-edge technology and equipment

If these types of benefits make sense, we are eager to hear from you. Please reach out, with any comments or questions, directly to:

Robert P. Green, MD, FACS

President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer

CEO, ENT and Allergy Associates
914-490-8880 ■ rglazer@entandallergy.com



Dr. John J. Huang
ENTA Offices: Oradell, NJ and West Nyack, NY

Dr. Francisca Yao
ENTA Offices: Bay Ridge West, Brooklyn Heights, NY

Dr. Eric A. Munzer
ENTA Offices: Fishkill, New Windsor, NY

Dr. Zarina Sayeed
ENTA Office: Parsippany, NJ

Dr. Douglas Leventhal
ENTA Office: Oradell, NJ



**OTOLARYNGOLOGY OPPORTUNITY
ST. LOUIS, MISSOURI**

Synergy ENT Specialists and the St. Louis Sinus Center are seeking a BC/BE Otolaryngologist to join our busy and thriving private practice in the St. Louis Metropolitan area. We are one of St. Louis, Missouri's premiere Otolaryngology practices, with offices in both St. Louis and its southern suburb. Our newly opened St. Louis location, located in the heart of Ladue, in one of the most technologically advanced ENT offices in the country.

Our practice provides comprehensive, state-of-the-art, on-site diagnostic and treatment services including ICACTL accredited MiniCAT CT scanning, Allergy Skin Testing, Allergy Immunotherapy, Image Guidance, Audiologic Testing, Hearing Aids and In-Office Surgery. We are certified as a National Center of Excellence and a premiere training site for In-Office Balloon Sinus Dilation, training physicians from all over the country each week.

We are also partnered with two, physician-owned, outpatient surgical centers and there is opportunity for immediate ownership in these thriving, busy centers.

We are seeking a highly motivated BC/BE Otolaryngologist with excellent interpersonal skills and great training to join our team. We have opportunity for either a straightforward partnership track or a simple employment. We are offering an excellent salary with bonus structure, paid vacation, 401-K, CME and license reimbursement and paid malpractice insurance.

For more information on this exciting opportunity, please contact James D. Gould, MD, FACS, Owner and Executive Director, at 1-314-494-3246 or by email: jgould@SynergyENTSpecialists.net

Please visit our websites at:
www.SynergyENTSpecialists.net
www.STLSinusCenter.com

**ENT Opportunity
Bend, Oregon**

Cascade ENT, a sole-practitioner practice, in Bend, Oregon, is seeking a dedicated Otolaryngologist to join our practice serving 2 area locations.

This is an opportunity to work with an experienced, highly skilled ENT/Facial Plastic Surgeon, in a well-established practice with a fantastic group of support personnel. The position is a full-time opportunity with partnership potential.

The position requires:

- MD/DO degree
- Board certification, board eligibility or fellowship-trained
- Licensed in Oregon or eligible for Oregon Licensure

Cascade ENT is expanding due to community growth. Bend, Oregon has a population of 92,122 in a county of 175,268. Bend is best known for its recreational opportunities such as water and snow skiing, hiking, biking, camping, fishing and hunting, and various youth sports, to name just a few area offerings. Bend is home to a community college and a university, a well-known ski resort, excellent golf courses, museums, as well as many fine restaurants and cultural activities. Bend is routinely on publishers' "Best lists" and is committed to maintaining a high quality of life for residents and visitors alike as it continues to experience significant growth.



For more information about our community visit www.visitbend.com

Please email your resume and letter in interest to manager@cascadeent.com

**The Ohio State University
Department of Otolaryngology - Head and Neck Surgery**

General Otolaryngologists to work in Community Practices

OSU currently has multiple positions available within the Central Ohio region. Positions combine the ability to practice in a community setting while being affiliated with Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

James Rocco, MD, PhD
Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212
E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470



The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply.

utmb Health
Otolaryngology



UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for two full-time positions.

Otologist/Neurotologist

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. The department operates state of the art audiologic suites and a state of the art clinical vestibular laboratory established in collaboration with NASA to support our otologic/neurotologic experience. Clinical research is encouraged but not mandatory.

Head and Neck Surgical Oncologist/ Microvascular Reconstructive Surgeon

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. Clinical research is encouraged but not mandatory.

UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS
Physician Executive for Growth

Assoc. Chief Physician Executive for Faculty Group Practice
Chair, Department of Otolaryngology UTMB Health
301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu

Phone: 409-772-2701



General Otolaryngology

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School seeks a qualified candidate for a full-time position at its North Suburban Center in Stoneham, MA. It is a practice with 3 physicians and 1 physician assistant at one office location. The successful candidate would have the opportunity for a broad clinical practice in General Otolaryngology. In addition, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School. The successful candidate must be Board-certified or Board-eligible in Otolaryngology. Qualified female and minority applicants are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

Michael B. Rho, MD, FACS

Medical Director

Massachusetts Eye and Ear, Stoneham

41 Montvale Ave, Suite 200

Stoneham, MA 02180

Michael_Rho@meei.harvard.edu

Massachusetts Eye and Ear and Harvard Medical School are
Equal Opportunity/Affirmative Action Employers.

SOUTH FLORIDA ENT ASSOCIATES



South Florida ENT Associates, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:

Board Certified or Eligible preferred

MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT

Current Florida license

Bilingual (English/Spanish) preferred

Excellent communication and interpersonal skills

F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

Contact name: Stacey Citrin, CEO

Phone: (305) 558-3724 • Cellular: (954) 803-9511

E-mail: scitrin@southfloridaent.com



Full time Specialty and Sub-Specialty Positions Available At the Preeminent Otolaryngology Partnership in the Nation

Here's your opportunity to become a member of ENT and Allergy Associates, LLP (ENTA) and serve patients in state-of-the-art clinical offices in **New York**, the **Hudson Valley**, **Long Island** and **New Jersey**.

We have current openings in Midtown NYC, Bronx, White Plains, New Rochelle, Wayne, Somerset, Hauppauge, Port Jefferson, Southampton, Patchogue, Middletown and Rockville Center.

We offer new associates:

- The collegial expertise and guidance of nationally and internationally recognized specialists and subspecialists
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including Mount Sinai, Northwell and Montefiore
- A starting salary of \$300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

Our continued growth, coupled with upcoming physician retirements, means opportunity for you!

For more information, contact our President, **Robert Green, MD** (Rgreen@entandallergy.com)
or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).



Otolaryngology Residency Program Director

St. Luke's University Health Network and Specialty Physician Associates are seeking an Otolaryngology Residency Program Director to start a new Otolaryngology Residency Program, based out of St. Luke's Anderson Campus. The Founding Program Director will be responsible for leading, administering, and supervising all aspects of the Otolaryngology Residency Program in accordance with the ACGME Program Requirements and Institutional Goals and Objectives.

The Program Director will have dedicated time for administrative, educational, strategic, and research initiatives and provide oversight and development of the Otolaryngology Residency Program and participate in our academic mission through our Temple/St. Luke's School of Medicine partnership. In addition, the Program Director will be expected to develop a clinical practice with allocated time to develop and lead the residency program.

In joining St. Luke's University Health Network and Specialty Physician Associates, you will enjoy:

- Team-based care with well-educated, dedicated support staff
- Teaching, research, quality improvement and strategic development opportunities
- A culture in which innovation is highly valued
- Exceptional compensation package
- Rich benefits package, including malpractice health and dental insurance, CME allowance
- Support from colleagues with fellowship training in rhinology, facial plastics, laryngology, allergy, otology, and head and neck

Qualifications

Candidates must be board-certified in Otolaryngology and have demonstrated clinical, administrative and/or educational leadership accomplishments. Excellent leadership, management, and communication skills are necessary.

In addition, candidates must have:

- Prior experience as a Program Director or Assistant Program Director, or
- Three years as a teacher in an ACGME-accredited otolaryngology residency program
- Must be willing to combine administrative/teaching responsibilities with clinical practice (25/75)
- PA and NJ State medical licenses (at the time of employment)

About St. Luke's Anderson Campus

Opened in 2011, Anderson Campus consists of a four-story, 108 bed acute care hospital, state-of-the-art cancer center, a 75,000-square foot ambulatory surgical center, and medical office building. Private patient rooms are state-of-the-art with the latest technology and amenities. Consisting of over 500 acres, Anderson Campus also includes auxiliary gardens, a two-mile walking path, and a pond with a fountain and sitting area to promote wellness.

About St. Luke's University Health Network

We are the region's largest, most established health system with nine hospitals spanning nine counties. In partnership with Temple University, St. Luke's created the region's first Medical School. Repeatedly, including 2017, St. Luke's has earned Truven's 100 Top Major Teaching Hospital. St. Luke's is a member of the AAMC Council of Teaching Hospitals and a Regional Branch Campus and major affiliate of Temple University School of Medicine. To learn more about St. Luke's, please visit us at www.SLUHN.org

About Specialty Physician Associates

We are an 11-physician group looking for a colleague to help us provide quality ear, nose and throat care in addition to founding a residency program. There is support from 8 advanced practitioners, 7 audiologists and 2 speech therapists, and we are always growing. Within the group there are physicians fellowship trained in rhinology, facial plastics, laryngology, allergy, otology and head and neck, and our practice allows for sub-specialization as desired. We have 4 full-time offices and 5 satellite offices to serve our community.

About the Lehigh Valley

Number 9 on America's 50 Best Cities to Live!

<http://www.discoverlehighvalley.com/>

<http://247wallst.com/special-report/2015/11/05/americas-50-best-cities-to-live-2-2/10/>

The Lehigh Valley is a place to live, work, and play! Rich with history, fantastic recreational activities, eclectic restaurants and midway between Philadelphia and New York City, the Lehigh Valley offers excellent school systems and affordable housing that can be found with easy access to the hospital.

If you are interested in learning more about this position, please contact Drea Rosko, Physician Recruiter, St. Luke's University Health Network, Drea.Rosko@sluhn.org, 484-526-4132 or David M. Yen, M.D., Specialty Physician Associates, yen_dm@yahoo.com, 610-737-7428.



WellStar Medical Group is seeking Full-Time Board Certified Otolaryngologists and ENTs to work with well-established groups located both north and south of Atlanta, GA.

- Current procedures are head and neck, sinus, and all general ENT
- Sees 20-25 patients daily
- Onsite Audiology
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- Will see a mix of adults and children

WellStar offers a very generous compensation package that includes;

- An Aggressive Salary with Achievable Quality and RVU Production Incentives
- Sign On Bonus / Relocation Reimbursements
- 403(b) Retirement Plan, Malpractice Coverage, Renewal fees for medical license and DEA License.
- Pension Plan
- One week CME/\$3,000

Atlanta, GA offers beautiful residential areas, a four-season climate, five-star restaurants, and major league sporting attractions. Come see the new Atlanta Braves stadium and the New Atlanta Falcons Mercedes Benz stadium! We are truly an attractive place to live, work and play!

Interested candidates may contact Stacy Lind at stacy.lind@wellstar.org.

Texas Hill Country ENT SYMPOSIUM

Hyatt Regency Lost Pines Resort & Spa, April 28-29, 2018

Course Directors

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Ron Karni, MD
Amber Luong, MD, PhD

Planning Committee

Ronda Alexander, MD
Kunal Jain, MD
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Course Faculty

Ibrahim "Trey" Alava, MD
Michael Byrd, MD
Tang Ho, MD
Zhen "Jane" Huang, MD, MBA
Soham Roy, MD
J. Caleb Simmons, MD
William Yao, MD
Sancak Yuksel, MD



texasentmeeting.org

University of Missouri Department of Otolaryngology— Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There are three Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

- **Laryngologist or General Otolaryngologist with an interest/experience in Laryngology**
- **Pediatric Otolaryngologist**
- **General Otolaryngologist**

Title, track, and salary are commensurate with experience. These positions are affiliated with MU Health Care which include the University of Missouri Hospital and the MU Women and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money* and *Forbes* magazines for career growth and best places to live.

For additional information about the positions, please contact:

Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
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Otolaryngology Physician (General) – Academic Practice Opportunity near Chicago

Loyola University Health System and Loyola University Chicago Stritch School of Medicine seek a general practice Otolaryngologist to join the Department of Otolaryngology – Head & Neck Surgery. This physician will practice primarily at a community hospital affiliated with Loyola. The ideal candidate will have an interest in academic otolaryngology, a commitment to resident and medical student education and clinical research, and a desire to build a busy academic general practice. The ideal candidate will enjoy working near one of the finest cities in the United States for a large group with a strong reputation for clinical care and research. Candidates should be board-certified or board-eligible by the American Board of Otolaryngology and must be licensed or eligible to practice in Illinois. Interested candidates should address a cover letter and CV to Dr. Sam Marzo, Chair of Otolaryngology, and email to Michelle Pencyla, Physician Recruitment Director, at mpencyla@lumc.edu as well as apply online at www.careers.luc.edu.

The Department of Otolaryngology – Head & Neck Surgery at Loyola University Health System is among the top Ear, Nose and Throat (ENT) programs in Illinois and in the country. Currently rated 35th in the nation according to U.S. News & World Report, this Department is consistently identifying ways to improve its clinical, training, and research programs.

Based in the western suburbs of Chicago, Loyola University Health System is a quaternary care system with a 61 acre main medical center campus and 22 primary and specialty care facilities in Cook, Will and DuPage counties. The medical center campus is conveniently located in Maywood, 13 miles west of the Chicago Loop and 8 miles east of Oak Brook, Ill. The heart of the medical center campus, Loyola University Hospital, is a 570 licensed bed facility currently undergoing a significant expansion project. It houses a Level I Trauma Center, a Burn Center and the Ronald McDonald® Children's Hospital of Loyola University Medical Center. Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine and Loyola Oral Health Center as well as the LUC Stritch School of Medicine, the LUC Niehoff School of Nursing and the Loyola Center for Health & Fitness.

Sam Marzo, MD
Professor and Chair, Otolaryngology
Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Loyola is an equal opportunity and affirmative action employer/educator with a strong commitment to diversifying its faculty.



Otolaryngology

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McFarland Clinic is seeking a BE/BC Otolaryngologist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic. Consistently ranked in the top 10 "Best Places to Live" by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

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- Salary: Base salary plus incentive
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Please contact or send CV to:
Mark Montgomery MD
9240 Bonita Beach Rd
Suite 1106
Bonita Springs, Florida 34135
drmarkmontgomery.com
239-495-6200

Otology, Neurotology, and Skull Base Surgery

**USC Caruso Department of Otolaryngology -
Head and Neck Surgery, Los Angeles, California**



Seeking an Assistant, Associate, or Full Professor

We are seeking a board-certified Neurotologist to join the Division of Otology, Neurotology, and Skull Base Surgery. Faculty rank will be determined by the qualifications and experience of the candidate.

We have a busy practice with a large surgical volume and we need another neurotologist to join our group. Candidates with a wide range of career goals will be entertained. These may include, for example, a junior physician eager to build a busy practice, a clinician-scientist with a solid history of research experience and grant funding, or a senior physician interested in a Division Chief role. An important criterion is proficiency in vestibular schwannoma, lateral skull base surgery, and cochlear implantation. Our Department and Medical School offers tremendous research and educational opportunities and all faculty are expected to pursue scholarly activities as part of their career.

The University of Southern California (USC), founded in 1880, is the largest private employer in the City of Los Angeles. As an employee of USC, you will be a part of a world-class research university and a member of the "Trojan Family," which is comprised of the faculty, students and staff that make the university what it is.

The University of Southern California strongly values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.

John S. Oghalai, MD
Tiber Alpert Professor and Chair
USC Caruso Department of
Otolaryngology-Head and Neck Surgery
1540 Alcazar, Suite 204
Los Angeles, CA 90033
Ph: (323) 442-2312
john.oghalai@med.usc.edu

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**ASSISTANT/ASSOCIATE
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HEAD AND NECK SURGERY**

The Department of Head and Neck Surgery is seeking an assistant or associate professor, clinical faculty appointment. The individual appointed to this position will participate in the Head & Neck Endocrine Surgery program at The University of Texas MD Anderson Cancer Center covering all aspects of clinical care, and in ongoing clinical and translational research efforts. Opportunities abound in this position to participate in the development and leadership of clinical trials and to collaborate with basic and translational investigators leading studies of novel therapeutic targets and assessment of treatment response. The head and neck surgical endocrine program receives patients from across the United States and internationally. The spectrum of disease ranges from early-stage untreated disease to recurrent and very advanced disease, with a large referral base for histopathologically aggressive and rare malignancies.

The selected candidate will provide clinical expertise in patient care, engaging in clinical research and teaching fellows, residents, and medical students in the clinic and operating room. Key duties include provide surgical care for patients with endocrine tumors of the head and neck; participating as a member of the multi-disciplinary team; teaching integrated programs in the surgical sciences; conducting clinical trials or other research; and presenting at national/international conferences.

Qualified candidates will have an M.D. degree; completion of an otolaryngology-head and neck surgery or general surgery residency and advanced training in head and neck surgical oncology. Candidates must be board eligible or certified.

Applicants should submit curriculum vitae and names of three references to:

Jeffrey Myers, M.D., Ph.D., FACS
Department of Head and Neck Surgery, Unit 1445
The University of Texas MD Anderson Cancer Center
1400 Pressler Street | Houston, Texas 77030
(713) 745-0497 | mbjohnson@mdanderson.org

The University of Texas MD Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, national origin, sex, sexual orientation, gender identity/expression, disability, veteran status, genetic information, or any other basis protected by federal, state, or local laws, unless such distinction is required by law. All positions at The University of Texas MD Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. Smoke-free and drug-free environment.



General Otolaryngology

The Department of Otolaryngology at Massachusetts Eye and Ear seeks a qualified candidate for a full-time position with principal location at its Concord Center for Otolaryngology—Head and Neck Surgery. The successful candidate would have the opportunity for a broad clinical practice in General Otolaryngology. In addition, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School. The successful candidate must be Board-certified or Board-eligible in Otolaryngology.

Qualified female and minority applicants are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

Paul Konowitz, MD
Medical Director

Massachusetts Eye and Ear Associates
290 Baker Ave., Concord, MA 01742
978-369-8780

Paul_Konowitz@meei.harvard.edu

Massachusetts Eye and Ear and Harvard Medical School are
Equal Opportunity/Affirmative Action Employers.

Rush University Medical Center, Chicago Director, Oak Brook Otolaryngology

The Department of Otorhinolaryngology Head & Neck Surgery at Rush University Medical Center is seeking a full-time faculty member to join our Department as the **Director of Oak Brook Otolaryngology**, a position which will focus on general otolaryngology. The selected individual will have an opportunity to join a department of 13 full-time faculty spanning the entire spectrum of otorhinolaryngology subspecialties and have the opportunity to expand this highly ranked* program. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Consistent with Rush's mission, the University and Department place a premium on high quality teaching; therefore, it is expected that this candidate would also be devoted to participation in supervision and education of department residents and institutional trainees. Candidates should be BE/BC and eligible for faculty appointment at the Assistant or Associate Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. The Rush Oak Brook Outpatient Center will feature a multispecialty, state-of-the-art outpatient surgery center; 65 exam rooms for patients; physical and occupational therapy; a laboratory; and full imaging services, including MRI, X-ray and CT imaging as well as a comprehensive breast imaging program with ultrasound and bone densitometry. The 100,000-square-foot facility is a joint venture with Midwest Orthopedics at Rush. Rush is ranked in 8 of 16 categories in U.S. News & World Report's 2016-2017 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. *Rush was also ranked 33rd in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois. To learn more about Rush University Medical Center, please visit www.JoinRush.org.

Interested candidates should submit a cover letter and CV to Rose Sprinkle, Manager, Faculty Recruitment at Rose_Sprinkle@rush.edu

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Private Practice Pediatric Otolaryngology

Connecticut Pediatric Otolaryngology, LLC seeks a fellowship-trained pediatric otolaryngologist for our expanding group in the New Haven area. You will be busy in the clinic and operating room immediately, with the full range of pediatric cases.

Our practice is a rarity: an independent private practice with an academic affiliation. We have the flexibility and efficiency of our own business, but also the opportunity to work with and teach the excellent Yale residents. Candidates interested in pursuing research and educational projects will have an unmatched range of options, including clinical appointments and IRB-approved studies.

We operate at the Yale-New Haven Children's Hospital, with a peerless group of pediatric specialists, and at an outpatient surgery center, where our productivity is very high. The practice also includes three of the most well-respected pediatric otolaryngology nurse practitioners in the business (ask the people you know—they'll confirm it).

It doesn't take much to convince us to go out for a nice meal and a chat, so please contact us if you'd like to hear more. We would love to show you around the area, which includes world-class educational institutions and cultural amenities, natural beauty and recreational opportunities, and close proximity to New York and Boston.

Interested candidates should contact Eric D. Baum, MD (edbaum@yahoo.com).

Connecticut Pediatric Otolaryngology, LLC



The Department of Otolaryngology – Head and Neck Surgery at Johns Hopkins University School of Medicine is seeking an outstanding BC/BE and fellowship-trained laryngologist at the Assistant or Associate Professor level. The selected candidate will be responsible for the care and management of patients, the teaching and supervision of residents, and will have opportunities to conduct research.

The individual will join the existing Laryngology Division, will practice at both Johns Hopkins Hospital and the Johns Hopkins Voice Center at the Greater Baltimore Medical Center, and will have the opportunity to grow the Department's dysphagia program.

Salary will be commensurate with qualifications and experience. Interested individuals should submit a letter of interest; current curriculum vitae; and the names, addresses, and phone numbers of three references to:

Dr. Lee Akst
Director of Laryngology
Department of Otolaryngology – Head and Neck Surgery
Johns Hopkins University
601 N. Caroline Street, 6th Floor
Baltimore, MD 21287
lakst1@jhmi.edu
410-955-1654

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OTOVEL® (ciprofloxacin and fluocinolone acetonide) otic solution

Brief Summary of Prescribing Information

1 INDICATIONS AND USAGE

OTOVEL is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Pseudomonas aeruginosa*.

2 DOSAGE AND ADMINISTRATION

- OTOVEL is for otic use only. It is not for ophthalmic use, or for injection.

The recommended dosage regimen is as follows:

- Instill the contents of one single-dose vial 0.25 mL into the affected ear canal twice daily (approximately every 12 hours) for 7 days. Use this dosing for patients aged 6 months of age and older.
- Warm the solution by holding the vial in the hand for 1 to 2 minutes. This is to avoid dizziness, which may result from the instillation of a cold solution into the ear canal.
- The patient should lie with the affected ear upward, and then instill the medication.
- Pump the tragus 4 times by pushing inward to facilitate penetration of the medication into the middle ear.
- Maintain this position for 1 minute. Repeat, if necessary, for the opposite ear [see *Instructions for Use*].

3 DOSAGE FORMS AND STRENGTHS

Otic Solution: Each single-dose vial of OTOVEL (ciprofloxacin 0.3 % and fluocinolone acetonide 0.025 %) delivers 0.25 mL of solution equivalent to ciprofloxacin 0.75 mg and fluocinolone acetonide 0.0625 mg.

4 CONTRAINDICATIONS

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other components of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

OTOVEL should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity. Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria and itching. Serious acute hypersensitivity reactions may require immediate emergency treatment.

5.2 Potential for Microbial Overgrowth with Prolonged Use

Prolonged use of OTOVEL may result in overgrowth of non-susceptible bacteria and fungi. If the infection is not improved after one week of treatment, cultures should be obtained to guide further treatment. If such infections occur, discontinue use and institute alternative therapy.

5.3 Continued or Recurrent Otorrhea

If otorrhea persists after a full course of therapy, or if two or more episodes of otorrhea occur within 6 months, further evaluation is recommended to exclude an underlying condition such as cholesteatoma, foreign body, or a tumor.

6 ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Hypersensitivity Reactions [see *Warnings and Precautions* (5.1)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, 224 patients with AOMT were treated with OTOVEL for a median duration of 7 days. All the patients received at least one dose of OTOVEL. There were 220 patients who received at least one dose of ciprofloxacin (CIPRO) and 213 patients received at least one dose of fluocinolone acetonide (FLUO). The most common adverse reactions that occurred in 1 or more patients are as follows:

Table 1: Selected Adverse Reactions that Occurred in 1 or more Patients in the OTOVEL Group

Adverse Reactions ¹	Number (%) of Patients		
	OTOVEL N=224	CIPRO N=220	FLUO N=213
Otorrhea	12 (5.4%)	9 (4.1%)	12 (5.6%)
Excessive granulation tissue	3 (1.3%)	0 (0.0%)	2 (0.9%)
Ear infection	2 (0.9%)	3 (1.4%)	1 (0.5%)
Ear pruritus	2 (0.9%)	1 (0.5%)	1 (0.5%)
Tympanic membrane disorder	2 (0.9%)	0 (0.0%)	0 (0.0%)
Auricular swelling	1 (0.4%)	1 (0.5%)	0 (0.0%)
Balance disorder	1 (0.4%)	0 (0.0%)	0 (0.0%)

¹ Selected adverse reactions that occurred in ≥ 1 patient in the OTOVEL group derived from all reported adverse events that could be related to the study drug or the drug class.

6.2 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of ciprofloxacin and fluocinolone acetonide otic solution, 0.3% / 0.025% outside the US. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Immune system disorders: allergic reaction.
- Infections and infestations: candidiasis.
- Nervous system disorders: dysgeusia, paresthesia (tingling in ears), dizziness, headache.
- Ear and labyrinth disorders: ear discomfort, hypoacusis, tinnitus, ear congestion.
- Vascular disorders: flushing.
- Skin and subcutaneous tissue disorders: skin exfoliation.
- Injury, poisoning and procedural complications: device occlusion (tympanostomy tube obstruction).

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

OTOVEL is negligibly absorbed following otic administration and maternal use is not expected to result in fetal exposure to ciprofloxacin and fluocinolone acetonide (12.3)].

8.2 Lactation

Risk Summary

OTOVEL is negligibly absorbed by the mother following otic administration and breastfeeding is not expected to result in exposure of the infant to ciprofloxacin and fluocinolone acetonide.

8.4 Pediatric Use

OTOVEL has been studied in patients as young as 6 months in adequate and well-controlled clinical trials. No major differences in safety and effectiveness have been observed between adult and pediatric patients.

8.5 Geriatric Use

Clinical studies of OTOVEL did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

10 OVERDOSAGE

Due to the characteristics of this preparation, no toxic effects are to be expected with an otic overdose of OTOVEL.

Distributed by:

Arbor Pharmaceuticals, LLC
Atlanta, GA 30328

Under license of Laboratorios SALVAT, S.A.

OTOVEL is a registered trademark of Laboratorios SALVAT, S.A.

U.S. Patent No: 8,932,610

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

For more detailed information, see the full prescribing information for Otovel at www.otovel.com or contact Arbor Pharmaceuticals, LLC at 1-866-516-4950.

The first and only combination ear drop for AOMT in single-use vials¹

For treatment of acute otitis media in children with tympanostomy tubes (6 months and older) due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.



OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Single. Sterile. Simple.

- **14 single-use vials contain 1 premeasured dose** each—dose BID/7 days²
- **Every dose is sterile**, precise, and preservative free²
- **No drop counting.** No mixing or shaking required²

Drop into **www.otovel.com** to learn more about this AOMT treatment.

IMPORTANT SAFETY INFORMATION

Contraindications

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other component of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

The following Warnings and Precautions have been associated with OTOVEL: Hypersensitivity reactions, potential for microbial overgrowth with prolonged use, and continued or recurrent otorrhea.

The most common adverse reactions are otorrhea, excessive granulation tissue, ear infection, ear pruritus, tympanic membrane disorder, auricular swelling, and balance disorder.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent page and full Prescribing Information available at www.otovel.com.

References: 1. US Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. <https://www.accessdata.fda.gov/scripts/cder/ob/>. Accessed February 1, 2017. 2. Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC.

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