Volume 4 • Issue 1

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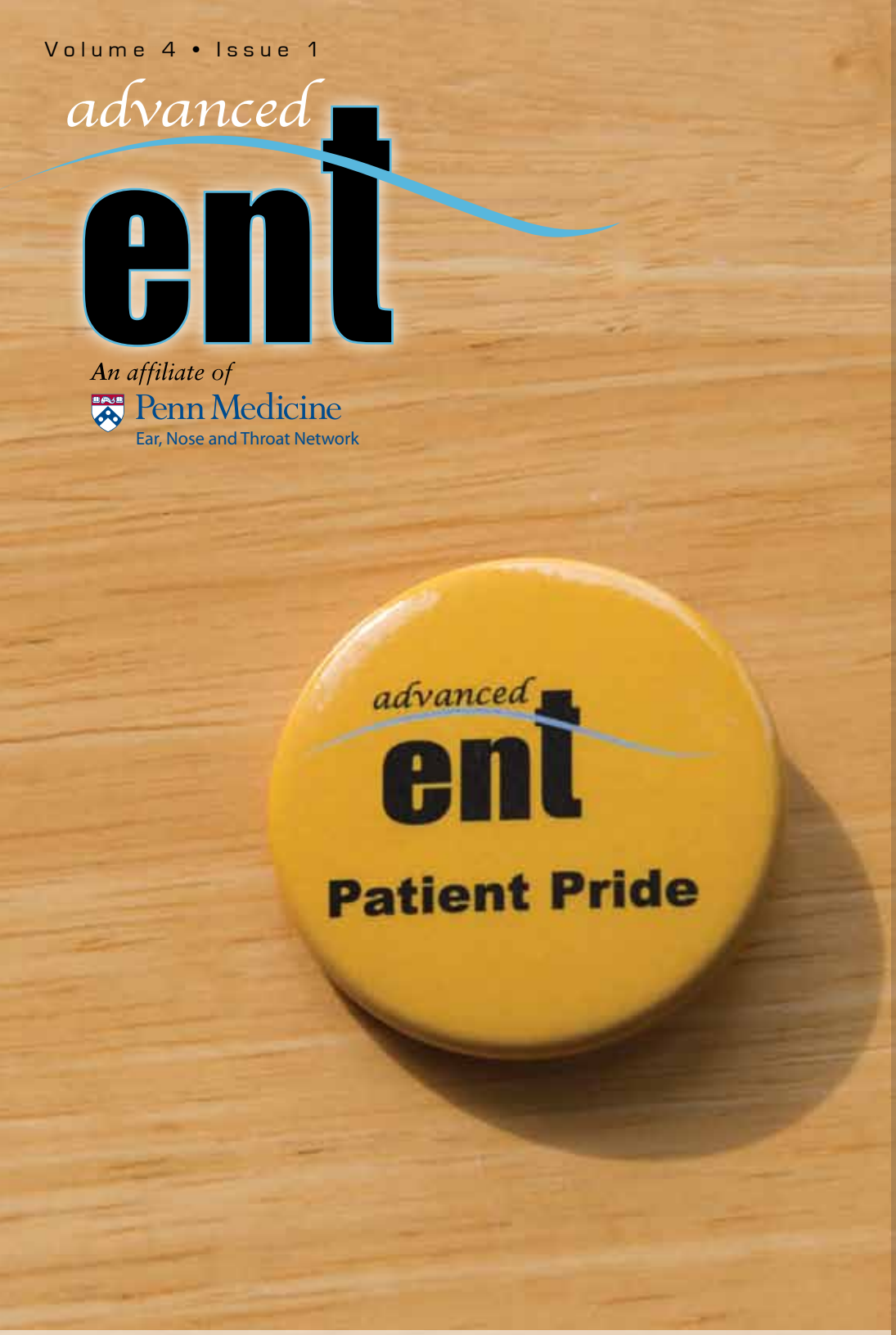

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Welcome

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An affiliate of Penn Medicine Ear, Nose and Throat Network

As we begin a new year, Advanced ENT would like to thank you for your ongoing relationship with our practice. In our sixth decade of service, the physicians of Advanced ENT remain committed to delivering Ear, Nose and Throat medical and surgical care with the highest degree of ethics and integrity. The physicians and staff of Advanced ENT strive continuously to provide effective, compassionate and responsible care.

As the premier and most comprehensive ENT practice in southern New Jersey, our services include extensive treatment of adult and pediatric conditions such as hearing loss, sleep disorders, snoring, balance disturbances, allergies, tonsillitis, sinusitis, skull base surgery, voice disorders, facial plastic surgery and skin care.

HearMD services include testing, hearing aid dispensing and tinnitus management. HearMD strives to improve the quality of our patients' lives and relationships through better hearing.

In this edition of Advanced ENT magazine, patient pride is highlighted. From the moment a patient or other physician provider contacts our practice, we are committed to offering excellent service in a timely manner. Simply put, our patients *matter*.

Additional articles of importance include Guidelines for Treatment of Acute Otitis Externa, Tinnitus and Ultrasound Guided Fine Needle Aspiration Biopsies which are now performed in our office.

We thank our advertising sponsors for their support in the publication of this resource. Most of all, we thank YOU, our esteemed physician colleagues and patients.

Advanced ENT wishes you a happy, healthy and prosperous New Year!

Sincerely,

The physicians and staff of Advanced ENT

Patient PRIDE *at Advanced ENT*

by Cheryl Hall, RN

Patient Satisfaction. We have all heard those words applied to various businesses and industries, especially healthcare entities. Often, individuals are asked to rate a product, service or medical visit based on recent encounters or transactions. What does patient satisfaction in the medical setting of the physician's office truly mean?

Patient satisfaction remains controversial in the healthcare setting. In some instances, satisfaction may not indicate quality care, but rather treating a patient as he or she wished. Patients and their physicians might view the same period of care quite differently, which often leads to an inaccurate interpretation of the visit. Providers may think they have a good idea of the patient's overall experience, but in reality there is no way of accurately gauging their perception of the care received. Without gathering data about what is important to the patient, how well the physician is delivering care and which factors in their care improved outcomes, the physician merely assumes the patient's experience was positive. It takes a combination of patient collaboration, an understanding and mutual respect from all office staff, and a commitment to working together to keep the lines of communication flowing to truly have an understanding of the patient's satisfaction.

Recently, Advanced ENT launched a new initiative designed to provide effective, compassionate and responsible medical care to all patients. The program is known as PATIENT PRIDE, and every member of the organization

is committed to its success. Managers and physicians met to discuss ways to enhance the patient experience at Advanced ENT from the moment a patient first contacts our practice. We established a committee consisting of one staff member from each of 10 departments to help develop realistic, cost-conscious ways to make our patients feel valued and welcome during their visit. Ground rules were established and followed explicitly to devise a framework of operation for the committee, which meets quarterly. Members are action-oriented in promoting respectful, effective partnerships among patients and staff.

One of the first initiatives implemented throughout the organization was the creation of a PATIENT PRIDE button. All staff wears a bright yellow button that displays our philosophy of PATIENT PRIDE, an acronym defined as "Our **Patients** are **Respected** as **Individuals** and we are **Dedicated** to **Ensuring** a positive and memorable experience."

At Advanced ENT, we want our patients to know they matter. To that end, we are always working to exceed their expectations of professionalism, service and excellent medical care. It is crucial that we, as healthcare providers, tell, offer, thank, encourage and let our patients know we value them. How we interact with our patients can be the catalyst that provides them with encouragement and hope, and speeds up their recovery.

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Clinical Practice Guideline — *Acute Otitis Externa*

By Stephen P. Gadomski, MD

TO OUR REFERRING PHYSICIANS: We all share the same goal for our patients, namely, to get well as quickly and easily and as cost effectively as possible. In this spirit, Advanced ENT is happy to share this summary of the Clinical Practice Guideline from Otolaryngology – Head and Neck Surgery (1). This current guideline was developed based upon evidence based changes which focus upon adequate analgesia and topical medical therapy and the avoidance of oral systemic antibiotic use.

ACUTE OTITIS EXTERNA (swimmer's ear) is one of the most common infections encountered by Health Care Professionals whether it be in the primary care office, the Hospital ER or the Urgent Care Center. **AOE** is defined as diffuse inflammation of the external ear canal which may also involve the pinna or tympanic membrane. The onset is rapid (usually within 48 hours). There is tenderness of the tragus or pinna or both which may seem disproportionate to what may be expected based upon visual inspection. AOE is a cellulitis of the ear canal skin and subdermis and may or may not be accompanied by varying degrees of edema.

98 % of AOE in North America is bacterial, usually Pseudomonas aeruginosa (20%-60%) land Staphyloccus aureus (10%-70%), often polymicrobial. Other organisms are primarily gram-negative. **FUNGAL** (Otomycosis) involvement is uncommon in primary AOE and is more common in chronic otitis externa with a history of treatment with topical, or, less often, systemic antibiotics.

SALIENT POINT: Topical antimicrobials are beneficial for AOE, but oral antibiotics have limited utility, yet studies show that 20%-40% of patients with AOE still receive oral antibiotics with or without topical therapy. The oral antibiotics chosen are usually inactive against P aeruginosa and S aureus. Patients may suffer the untoward sequale of oral antibiotic therapy. Bacterial resistance is less likely with topical antimicrobial therapy than with oral antibiotic therapy.

ETIOLOGY of AOE is multifactorial. Routine ear canal cleaning removes cerumen which is an important barrier to moisture and infection. Cerumen creates a slightly acidic pH that inhibits infection. This action can be altered by water exposure, aggressive cleaning, soapy deposits or alkaline eardrops. Mechanical trauma, especially with coexisting dermatologic conditions encourages infection.

Self cleaning, such as with irrigation or Q-tips, sweating, allergy and stress have been implicated in the pathogenesis of AOE. AOE is more common in warmer climates and increased humidity and increased water exposure from swimming.

Most studies have found an association with water quality (bacterial load) and the risk of AOE.

It is important to differentiate AOE from other diagnoses such as chronic otitis externa, malignant otitis externa, middle ear disease and cholesteatoma.

PREVENTION strategies are directed at limiting water accumulation and moisture retention in the external auditory canal (EAC) and maintaining a healthy skin barrier. No randomized trials have compared the efficacy of these different strategies. Recommendations have included removing obstructing cerumen; using acidifying ear drops before and after swimming , at bedtime or all three; drying the ear canal with a hair dryer; using ear plugs while swimming; and avoiding trauma to the external auditory canal.

THERAPY involves the meticulous cleaning of the external auditory canal and the application of the appropriate topical antibiotic agent. This may involve the placement of a wick should there be canal edema. This clinical practice guideline purposely did not address which ototopical agent to use. Refer to manufactuer's duration recommendation and adjust by severity. Patients should be reassessed if they fail to respond to therapy in 48-72 hours to confirm the diagnosis of diffuse AOE and to exclude other causes of illness. NOTE STATEMENT 7: which addresses a tympanic membrane perforation, possible perforation or tympanostomy tube. In this scenario, the clinician should prescribe a non-ototoxic topical agent.

Pain Management is directed by the degree of pain and may include acetaminophen, NSAIDs or in combination with an opiod. NSAIDs administered during the acute phase of diffuse AOE significantly reduces pain compared to placebo. Topical analgesics, such as benzocaine otic solution with or without antipyrine

is not approved by the FDA for safety, effectiveness or quality.

Adding a topical steroid to topical antimicrobial drops has been shown to hasten pain relief in some randomized trials but other studies have shown no significant benefit.

Systemic Antimicrobials should not be prescribed unless there is an extension outside the ear canal or the presence of specific host factors that would indicate a need for systemic therapy.

SUMMARY – The American Academy of Otolaryngology Head and Neck Surgery has changed its Clinical Practice Guideline for Acute Otitis Externa. Please refer to the summary of the Eviodence – Based Statements below, especially on the strong recommendations involving pain management and the use of systemic antibiotics.

SUMMARY OF EVIDENCE-BASED STATEMENTS

Statement	Action	Strength
1. Differential Diagnosis	Clinicians should distinguish diffuse otitis externa from other causes of otalgia, otorrhea, and inflammation of the external ear canal.	Recommendation
2. Modifying Factors	Clinicians should assess the patient with diffuse AOE for factors that modify management (nonintac tympanic membrane, tympanostomy tube, diabetes, immunocompromised state, prior radiotherapy).	Recommendation
3. Pain Management	The clinician should assess patients with AOE for pain and recommend analgesic treatment based on the severity of pain.	Strong Recommendation
4. Systemic Antimicrobials	Clinicians should not prescribe systemic antimicrobials as initial therapy for diffuse, uncomplicated AOE unless there is extension outside the ear canal or the presence of specific host factors that would indicate a need for systemic therapy.	Strong Recommendation
5. Topical Therapy	Clinicians should use topical preparations for initial therapy of diffuse, uncomplicated AOE.	Recommendation
6. Drug Delivery	Clinicians should inform patients how to administer topical drops and should enhance delivery of topical drops when the ear canal is obstructed by performing aural toilet, placing a wick, or both.	Recommendation
7. Nonintact Tympanic Membrane	When the patient has a known or suspected perforation of the tympanic membrane, including a tympanostomy tube, the clinician should recommend a non-ototoxic topical preparation.	Recommendation
8. Outcome Assessment	If the patient fails to respond to the initial therapeutic option within 48 to 72 hours, the clinician should reassess the patient to confirm the diagnosis of diffuse AOE and to exclude other causes of illness.	Recommendation

Silencing Tinnitus

By Beth Savitch

AUDIOLOGIST AND HEARING instrument professionals meet with a very diverse client population. However, common questions often emerge across patient visits, regardless of age or sex. "Why do I have ringing in my ears?" and "What can be done to make the ringing stop?" These are not easy questions to answer because everyone's subjective response to the tinnitus is different. You are not alone and help is available.

Ringing in the ears is most commonly known as Tinnitus (pronounced tin-ni-tus"). Tinnitus is defined as a sound heard within your own head or ears when there is no physical sound source present. Although it is most often referred to as "ringing in the ears," tinnitus is also described as a hissing, roaring, whistling, chirping, buzzing, pulsing or clicking sound. Tinnitus can be intermittent or constant, and the volume can be perceived from very soft to extremely loud. It is heard in one ear, both ears or in the head. For some people, tinnitus is very mild and is easily ignored. For others, tinnitus can be so severe it causes a loss of concentration, disturbs or prevents sleep and, in some cases, can cause psychological distress.

The American Tinnitus Association estimates 50 million Americans suffer from tinnitus to varying degrees. Research suggests tinnitus may originate from the ear, the brain and/or the neural network, but the actual process by which tinnitus is produced by the body is not yet known. Most commonly, tinnitus is associated with hearing loss, but it also can occur when no hearing loss is present. The main causes linked to tinnitus include, but are not limited to: wax or cerumen buildup in the ear canal; ear drum or tympanic membrane perforation; middle ear pathology; sudden, repeated or prolonged exposure to loud noise; trauma to the head or neck; high or low blood pressure or anemia; jaw misalignment; cardiovascular disease; and such medications as aspirin and chemotherapy drugs. Although rare, tinnitus can be a symptom of a benign tumor on the auditory, vestibular or facial nerves.

What should you do if you suffer from tinnitus? First and foremost, talk to your primary care physician. Most likely your doctor will refer you to an Otolaryngologist (ear, nose and throat doctor) to determine if there is a treatable medical condition causing the tinnitus and you will see to an audiologist to have a comprehensive hearing test. The doctor and audiologist work together to recommend the most appropriate treatment options.

Tinnitus varies greatly from patient to patient, and so do available treatments. Tinnitus management focuses on reducing the reaction and perception of tinnitus because currently there is no cure for tinnitus. What works for one person may not work for another. Some people may need a combination of treatments to get relief. Since tinnitus most commonly is associated with hearing loss, the use of hearing aids has been shown to reduce or even eliminate sounds in the ears. Wearing a hearing aid makes it easier for people to hear the sounds they need and want to hear by making them louder. The better you hear other people talking or the music you like, the less you notice your tinnitus.

Sound therapy and tinnitus maskers are another option when seeking relief. Maskers are small, electronic devices that use sound (a "white noise" or a "shhh' sound) to make tinnitus less noticeable. The goal of a masker is to provide immediate relief from the perception of the unwanted sounds. Maskers do not make tinnitus go away, but they make the ringing or roaring seem softer. For some people, maskers hide their tinnitus so well that they can barely hear it. Currently there are hearing device/tinnitus masker hybrids that offer the best of both worlds—better hearing and masking noise in one device.

Other treatment approaches include use of hearing protection (earplugs and earmuffs) to prevent further damage to the ear from loud noises. Biofeedback is another method where relaxation techniques are taught to the sufferer to help him or her learn to ignore the tinnitus. Cognitive or behavioral therapy also is recommended. This is counseling based on treating the emotional reaction to the tinnitus rather than the tinnitus itself. Meditative breathing can also be used to decrease the anxi-

ety and frustration associated with tinnitus. Some people turn to such alternative therapies as vitamins, acupuncture, homeopathy and hypnosis. It is best for patients to discuss all options with a physician before starting any type of vitamin or alternative treatment regimen.

Do you want to learn more about tinnitus? Tinnitus support groups are an invaluable resource for emotional support and education.

The South Jersey Tinnitus Support Group, supported by Advanced ENT, meets on the first Thursday of each month September through June in our corporate headquarters: 1020 N. Kings Highway, Suite 201, Cherry Hill, NJ from 7:00-8:30 PM

additional resources:

The following organizations are dedicated to helping people who suffer from tinnitus and the professionals who treat them.

American Tinnitus Association www.ATA.org

Better Hearing Institute www.betterhearing.org

National Institute on Deafness and other Communication Disorders www.nidcd.nih.gov

Ultrasound Guided Fine Needle Aspiration Biopsies

By Stephen P. Gadomski, MD

NEEDLE ASPIRATION is a very important procedure for the Otolaryngologist Head and Neck Surgeon. It may be therapeutic and/or diagnostic. There may be times when the lesion in question is not easily palpated or not palpable at all. In these situations, the use of Ultrasound may prove to be invaluable.

Your physician may choose to use Ultrasound technology to more accurately define the characteristics and location of the lesion in question. He/she can then use the Ultrasound to guide the needle tip into the mass.

The ultrasound hardware includes a hand-held transducer which transmits high frequency sound waves to generate a signal which appears on the computer screen as an image. This allows for visualization of the lesion in question as well as the location of the needle.

Needle aspiration in the Head and Neck is a relatively simple procedure performed with local anesthesia and minimal, if any, side effects. It may be used for drainage of fluid such as an abscess or post operative seroma or hematoma. Fine Needle Aspiration (FNA) is a very valuable technique in the Head and Neck for the diagnosis of neck masses whether they be lymph nodes, salivary tumors or thyroid and parathyroid lesions. FNA is usually the first step in establishing a cytopathologic diagnosis. Using Ultrasound technology for biopsy, or USFNAB, has proven to be a valuable adjunct in the armamentarium of the Otolaryngologist Head and Neck Surgeon.

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200 Bowman Drive, Suite D285
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Vision Statement

Advanced ENT constantly strives to provide services that are relevant and appropriate to the needs of our community in this changing environment of health care delivery.

Mission Statement

The mission of Advanced ENT is to provide effective, compassionate and responsible medical and surgical care to disorders involving the ears, nose, throat, head and neck.

Advanced ENT will provide this care through a comprehensive approach that encompasses our specialty services:

Adult Ear, Nose & Throat Care
Allergy
Audiology (Hearing Services)
Balance Disorders
Facial Plastic & Reconstructive Surgery
Head & Neck Cancer
Thyroid & Parathyroid Disorders
Pediatric Ear, Nose & Throat Care
Sinus Surgery
Endoscopic Skull Base Surgery
Skin Cancer Treatment & Reconstruction
Skin Care
Sleep Medicine
Voice & Swallowing Disorders

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