



the Trumpeteer

An Ear- Responsible Publication of Central Carolina ENT, PA



Before



After



Central Carolina ENT Audiologist, J.P. Miller, had a mini-facelift performed at the Apex office in August, 2007. He said he is very happy with the results.



Central Carolina ENT has been named **Premier Provider** for the Pillar procedure. This distinction is given to doctors who have a high level of experience with the Pillar Procedure based on the number of patients treated. CCENT is the leader in total number of pillar procedures in North Carolina. See if the Pillar Procedure can help your sleep apnea. Call our office for an appointment today.

Inside This Issue

- Cells phones and Aids.....2
- Dr. Doris Lin profile.....3
- Spin Doctor.....4
- Cough, a winter ritual.....5
- Nosebleeds at home.....6
- Videostroboscopy.....7

Mini - Facelifts

By: Dr. Samuel P. Davis, III



The mini facelift has become a very popular option for patients who want a more youthful look, but have little time to spare from work and other normal activities. With a downtime of five to seven days and a significant cost savings, patients love the minilift.

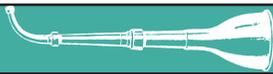
Designed to rejuvenate the upper neck and jawline and to correct the jowling and submental fullness (fullness below the chin), the minilift takes about two to three hours for the surgery. It can be performed in our office under local anesthesia with light sedation.

The minilift surgery can be performed on any age group. Because down time is less and there is less bruising and swelling it is ideal for males and females.

This is particularly true for males who may not want a full facelift or a long operation and lots of time away from work. Because men don't wear make-up, a mini facelift is desirable due to its minimal bruising and swelling.

A minilift is a true facelift, so the results are long lasting -- not like a thread lift or fillers that will quickly dissipate. The underlying muscles and fascia are supported before any extra skin is excised. There is some relaxation of the minilift in the first few months, but after that

continued on page 3



Cell Phones and Hearing Aids



By: J.P. Miller, M.S. CCC-A

Hearing aid users can face major challenges when trying to couple their cell phones to their hearing aids. Unlike traditional corded “land-line” phones, digital cell phones are often not hearing aid compatible and are often a source of interference. The interference generated by digital cell phones is caused by the electromagnetic field around the phone’s antenna. This antenna is used to send and detect the radio waves (radio frequency emissions) used by the phone to transmit the signal over a wireless network.

Most digital hearing aids can options. A T-coil option is a metal fine wire is wrapped. This device aids since the late 1940’s, detects and converts it to electrical energy the hearing aid. There is usually no phones to hearing aids because require them to be truly hearing aid

With more than 100 million them are not hearing aid compat- people with hearing aids. Luckily that allow most cell phones to work with the t-coil options in hearing aids. Once such device is called **NOiZFREE** hearing solution. One end of the device plugs directly into the cell phone. The other end hangs over the ear and radiates a magnetic signal that can be picked up by the hearing aid t-coil adapter. There is also an inline microphone that can be clipped to the shirt or collar and allow hands free cell phone operation. The **NOiZFREE** telecoil device (see center graphic) comes in a monaural (\$39.95 plus shipping and handling) or bin- aural configuration (\$49.95 plus shipping and handling). I have found this device to work well with behind the ear and in the ear hearing instruments equipped with a t-coil option.



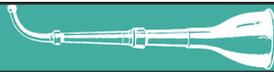
now be equipped with a telecoil core (or rod) around which ultra- which has been available in hearing the electromagnetic energy (EM) where it can then be processed by problem coupling regular land-line industry standards (since 1993) compatible.

cell phones in use, a majority of ible. This is a huge problem for there are some devices available

Helpful FCC guidelines for purchasing cell phones

Acoustic Coupling to a Hearing Aid’s Microphone:

As of September 2005, the FCC rules require each digital wireless manufacturer to provide wireless carriers with at least two commercially available cell phones with reduced RF emissions. In addition, each nationwide wireless carrier must offer its customers a minimum of four cell phone models with reduced RF emissions for each transmission technologies being used by the wireless carrier. Each cell phone will carry an “M” rating. The higher the M rating, the less likely the hearing aid users will experience interference when the hearing aid is set in the microphone mode while using the cell phone. *continued on page 4*



"Mini - Facelift", *continued from page 1*

the effects are long lasting. As with all cosmetic surgery, we simply set the aging clock back with a mini facelift.

Every patient is different and so for someone to tell you that a lift will last "x " number of years would be misleading. However, most people feel that they get a good 5-7 years from the minilift and as mentioned earlier---- you always look better than if you hadn't had it done.

The mini facelift is done in conjunction with liposuction to sculpt the neck and jawline (almost always recommended together, unless the patient is very thin). If the eye area is also a concern, the minilift can be performed easily in combination with upper and/or lower lid blepharoplasty, to give a complete facial rejuvenation with approximately four to five hours of surgery.

Mini facelift surgery is not ideal for the patient who has a lot of midfacial ptosis (drooping), unless the mini facelift surgery is combined with a blepharoplasty (eyelid surgery) and a midface lift. Otherwise a traditional facelift is indicated for those patients.

During your initial appointment with Dr. Davis your goals and expectations will be discussed along with an evaluation of your individual needs for the facial enhancements that would most benefit you.



Doris Lin, M.D.

Congratulations to Dr. Lin for passing the Otolaryngology - Head and Neck Surgery Board Certification exam on her first try this year! Dr. Doris Lin, MD has been with Central Carolina ENT since August 2006.

Dr. Lin graduated from the University of California, San Francisco (UCSF) School of Medicine in 2001. She completed her residency training in Otolaryngology - Head and Neck Surgery at UCSF in 2006. She has several publications on head and neck cancer as well as general otolaryngology subjects such as allergy and hearing loss.

Dr. Lin is trained in all aspects of general otolaryngology with special interests in head and neck surgery, sinus, and voice. Dr. Lin was born and raised in New Jersey. She attended the Massachusetts Institute of Technology (MIT), where she received Bachelor of Science degrees in both Chemistry and Biology and was elected Phi Beta Kappa. She is married to an electrical engineer and has three Amazon parrots and one cat. She and her husband enjoy the outdoors, including hiking, kayaking and horseback riding, and help in the rehabilitation and release of injured waterfowl.

Dr. Lin is affiliated with Rex Hospital in Raleigh, Rex Surgery Center of Cary, WakeMed-Cary Hospital in Cary, and Central Carolina Hospital in Sanford.



"Cell Phones and Hearing Aids", *continued from page 2*

Inductive Coupling to a Hearing Aid's Microphone:

In September, 2006, the FCC then required that each digital wireless phone manufacturer provide wireless carriers, with at least two commercially available cell phone models that provide telecoil coupling capability for each transmission technology. Each cell phone will carry a "T" rating. Again, the higher the T rating, the less likely the hearing aid users will experience interference when the hearing aid is set in the telecoil mode while using the cell phone.

Bluetooth Technology and wireless connectivity:

In the very near future, all hearing aid manufacturers will be utilizing Bluetooth technology to couple hearing aids to cell phones. You'll also see this technology built into televisions, DVD players and a host of other electronic devices that would benefit from wireless communication. Bluetooth wireless technology which launched in 1998, uses radio frequency (RF) in the 2.4 GHz range to accomplish wireless communication. Bluetooth communication is intended to operate over short distances (up to approximately 100 m but typically 10 m) so it is well suited for use with battery powered personal devices like MP3 players and ipods. The expanded use of wireless communication will make life much easier for hearing healthcare professionals and their patients as hearing aids will be easily coupled to many different electronic devices.

Come Meet the "Spin Doctor"

Audiologist, Jonathan P. Miller, M.S. CCC-A has announced that Carolina ENT offices is now equipped with the "Spin Doctor". is a centrifuge that helps remove ear wax from the receivers of

Ear wax which is a natural product of the human ear helps to bodies out of the ear. Unfortunately ear wax and hearing aids with each other. In fact, ear wax accounts for 70 to 80% of hear-failures. When a hearing instrument is inserted into the ear, chance that wax sitting in the canal can enter the sound port



each of Central
This new device
hearing aids.

keep foreign
don't get along
ing instrument
there is a good
and or vent.

The receiver in hearing aids can actually act as a heat sink as it is electrically charged during operation. This action combined with natural heat inside the ear canal, can cause the ear wax to flow into all areas of the receiver. Typical cleaning methods like pick tools and suction machines may not be able to reach or even extract the liquid and or dried wax from the receiver diaphragm.

When using the spin doctor, a solution of peroxide and alcohol is first injected into the receiver tube. Then the hearing aid is place into the special centrifuge and spun for 20 seconds. This process can be repeated several times to free hard and dried wax from the receiver port. In many cases the wax can be successfully extracted from the receiver. Behind the ear as well as custom earmolds can also be run through the Spin Doctor.

If your hearing instrument seems weak or intermittent, call one of our offices (Apex - 919-363-9311 or Sanford - 919-774-6829) and setup an appointment to see the Spin Doctor in action. It might save you a costly repair bill!



Cough - "A Winter Ritual"

By: William C. LeLiever MD, FACS, FRCS (C)



With the fall and winter upon us, we are getting ready for the annual cough and cold season. I would like to discuss a few pertinent aspects of acute cough (less than 3 weeks) and some of the causes associated with chronic cough.

A cough is a protective reflex- not a disease. For the simple common cold (most often seen), a cough is acute and non productive. The cough usually occurs during the day and early evening. Treatment is symptomatic and the symptoms gradually get better as the cough, fever and sinus congestion resolve. Acute cough is also seen in chronic obstructive pulmonary disease (COPD), allergy, viral infections, bacterial chest conditions - pneumonia and pertussis. On the other hand, chronic cough is a condition that lasts longer than 8 weeks. It is dry and annoying. Again, the cough usually occurs during the day. The cough is often triggered by such variables as cold air, cigarette smoke, dust, chemicals, change in temperature and even talking.

The history is important in some patients, to try and pinpoint the cause of the cough. For the examination, we want to look at the nose carefully for chronic infections and post nasal drip as well as examination of the chest, esophagus, ears, thyroid, and throat and vocal cord areas. Common key diagnoses include chronic upper airway cough syndrome, cough variant asthma (relieved with prednisone), eosinophilic bronchitis, reflux, pulmonary disease and growths in the lungs and lymphatic tissue. All can incite a chronic cough. A chest Xray is often needed in longstanding cases for diagnosis. Other diagnostic tests may be ordered depending on your symptoms.

As you can see, the simple cough can be a frustrating area for both the patient and the physician to diagnose. In some cases, several physicians have been involved in the treatment of the cough, employing a variety of medications and cough suppressants. The treatment may involve a number of different medications. Then the gradual elimination of some of the medications may assist in arriving at the correct diagnosis (when all else has failed). Chronic cough that has gone on for several years may not be amenable to medications.

Remember, a cough that has persisted beyond 3 weeks should be evaluated, especially with other symptoms present. Call our Sanford office at (919)774-6829 or Apex office at (919)363-9311 if you would like to make an appointment. Or go to our website at www.centralcarolinaent.com and request an appointment. One of our staff members will call you back and finalize the appointment details. You can even download the new patient and history forms from the website and have them completed before you arrive at one of our offices.



Stopping Nosebleeds at Home

By: Doris Lin, M.D.



With the dry winter months coming ups, nosebleeds become more common. The lining of the nose is filled with many small blood vessels that are very close to the surface. Excessive dryness and heat can increase exposure of these vessels. So can vigorous nose blowing and nose picking. Sometimes there is only a little bit of bleeding, but sometimes it can take thirty minutes to hours to stop.

Causes of a nosebleed

Most nosebleeds originate in the septum of the nose. The septum divides the two nasal cavities and is lined with many capillaries, or small blood vessels. Bleeding from this area is called an anterior nosebleed and usually drips from the front of the nose, unless the person is lying down. More rarely, bleeding can originate high and deep within the nose and bleed down the back of the throat whether or not the person is sitting up or lying down. Bleeding originating in the back of the nose is called a posterior nosebleed.

Anything that increases trauma to the nose can cause a nosebleed. Fractures of the nose or nose picking are more obvious causes. However, anything that causes increased nose blowing or rubbing of the nose can also cause a nosebleed. Allergies, infections, or dryness cause itchiness and increased drainage, mucus or crusts in the nose. Some people have an increase in nasal drainage after eating certain foods.

High blood pressure, blood thinning medications (such as aspirin, plavix, or coumadin), and familial clotting disorders do not cause nosebleeds but make them difficult to stop. Avoiding trauma to the nose, excessive nose blowing, and excessive drying can help minimize problems with nosebleeds in these cases. However, sometimes more help is needed, such as reducing the blood pressure or reversing the blood thinning action of certain medications.

Rarely, tumors of the nasal cavity can also cause recurrent nosebleeds. These can be benign, such as a pyogenic granuloma, or malignant.

Preventing nosebleeds:

The dry winter months and heated dry indoor air dehydrates the nasal membranes which can result in crusting, cracking, and bleeding. We usually recommend the use of a humidifier in the sleeping area to counteract this drying action. A lubricating ointment or cream placed inside the nose, especially on the septum, at night also helps. All can be purchased without a prescription. Some examples are bacitracin, A and D Ointment, Eucerin, Polysporin, Vaseline, Ayr nasal gel, and Ponaris emollient. Up to three applications a day may be necessary but usually one at bedtime is sufficient. A saline nasal spray up to four times a day will also moisten the nasal membranes throughout the day.

Stopping a nosebleed:

If you or your child has an anterior nosebleed, you may be able to care for it yourself using the following steps. First, help the patient stay calm, especially a young child. A person who is agitated may bleed more profusely than someone who's been reassured and supported.

1. Pinch all the soft parts of the nose together between your thumb and the side of your index finger. OR soak a cotton ball with Afrin, Neo-Synephrine, or Dura-Vent spray and place this into the nostril.
2. Hold this position for a full five minutes.

continued on page 7



"Stopping Nosebleeds at Home", *continued from page 6*

3. Keep head higher than the level of the heart. Sit up or lie back a little with the head elevated.
4. Apply ice – crushed in a plastic bag or washcloth – to nose and cheeks.

If the nosebleed persists despite your efforts, you should see your doctor. Your doctor may need to use an endoscope (a tube with a light for seeing inside the nose) to help identify the source of bleeding. Sometimes a minor procedure such as cauterization can be performed to control the bleeding. For severe nosebleeds where the source of bleeding cannot even be seen, a temporary nasal pack may need to be applied to stop the bleeding and allow visualization in the nose.

What about rebleeding?

To prevent rebleeding after the initial bleeding has stopped at home or in the doctor's office:

- Do not pick or blow your nose
- Do not strain or bend down to lift anything heavy
- Keep head higher than the heart
- Use a humidifier during dry winter months
- Place a lubricating cream or ointment in the nose at night up to three times a day
- Apply nasal saline sprays to the nose up to four times a day

If rebleeding occurs:

- Attempt to clear nose of all blood clots
- Spray nose four times in the bleeding nostril(s) with a decongestant spray such as Afrin or Neo-Synephrine
- Perform steps 1 and 2 in the box "Stopping a Nosebleed" above. Repeat these steps as necessary
- Call your doctor if bleeding persists.

Adapted from the American Academy of Otolaryngology – Head and Neck Surgery Patient Information Hand-out 2007. <http://www.entnet.org/healthinfo/nose/nosebleeds.cfm>

New Equipment

What is Videostroboscopy?



Videostroboscopy

The typical examination for hoarseness or vocal cord complaints includes a full head and neck exam as well as visualization of the vocal cords. Sometimes a full view with a hand held mirror in the throat can be obtained but usually a view with a fiberoptic scope is needed. Photodocumentation and the use of stroboscopy (slow motion assessment) is used to help evaluate the condition and motion of the vocal cords. An example is seen in the picture to the left.

This exam is performed as an office procedure and allows you, your physician, and even your vocal coach to visualize your vocal cords and aid in treatment. Exams can also be followed over time to assess response to voice therapy or healing after vocal cord surgery.



The Central Carolina ENT newsletter is published quarterly on our website. All materials are created by our staff for the education of our patients and website visitors. Any reproduction must be approved in writing by our editor. If you have any comments or suggestions, please direct them to: Editor: J.P. Miller, M.S. CCC-A, jmiller@centralcarolinaent.com. Apex office: 919-363-9311. Sanford office: 919-774-6829.