



# the Trumpeteer

An Ear- Responsible Publication of Central Carolina ENT, PA

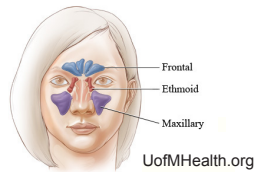
## Nasal Obstruction



**Cynthia Chen, M.D.**  
Head & Neck Surgeon

Difficulty breathing through the nose is one of the most common complaints of patients that come to our clinic. Most commonly folks will describe cases of occasional and temporary difficulty with passage of air through the nose. This is usually due to inflammatory conditions such as an acute upper respiratory infection or allergy. The nasal mucosa, or lining of the nose, becomes engorged with fluid when inflamed, and will eventually block the nasal passages. Most commonly, upper respiratory infections or common colds are caused by viruses rather than bacteria, and are accompanied by other common symptoms such as sore throat, nasal drainage, headache, facial pain, cough, and other general symptoms such as body aches, fatigue, change in appetite, and fever. Allergy will often be

### Difficulty Breathing Through The Nose



associated with a certain time of year or environmental factor, with symptoms such as nasal drainage, itchy eyes and throat, rash and itchy sensation of the skin. Occasionally some people have nasal congestion from exposure to chemical irritants such as cleaning agents like bleach, odors such as perfumes, or for no identifiable reason. We attribute this phenomenon to nonallergic rhinitis, which may be caused from irritation to the sensory nerve in the nose, causing swelling in the nose as a response.

These temporary conditions that cause people to feel congestion and even obstruction of their nose are usually treated with anti-inflammatory medications such as antihistamines and

steroids, and sometimes even require antibiotics when there are signs of true bacterial infection, such as purulent discharge. Decongestants such as nasal sprays called oxymetazoline or pseudo-ephedrine are great medications to help with nasal congestion in the acute period of a cold or allergy, but if used chronically such as more than 5-10 days, these sprays will cause rebound swelling, and worsen the nasal congestion. Often nasal saline irrigations will also help, as the solution thins mucus, dilutes environmental agents causing inflammation in the nose and sinuses, and keeps the nasal cavity moist and healthy. Occasionally people

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feel congested due to simple dryness of the nasal cavities and develop crusts, and saline irrigations are the simple solution to loosening the crusts and unblocking the nasal cavity.

Occasionally patients experience difficulty breathing through the nose for extended periods of time. This can sometimes be due to inflammatory conditions, such as severe year-around allergy or chronic sinusitis causing polyps that obstruct the nasal passages. The most common cause of permanent blockage of the nasal passages is an anatomic variation called a septal deviation. The septum is the cartilage dividing the two sides of the nose, and can be deviated from trauma but more commonly due to the variations of nasal growth in comparison to growth of the rest of the facial skeleton. Also, the turbinates, or ridges in the nose covered with mucosa, can be enlarged chronically, and block the nasal passages. In young children, enlarged adenoid tissue is the most common cause of chronic nasal drainage and congestion. Sometimes people can also experience nasal obstruction because of collapse of the nostrils due to one's anatomy. All these anatomic causes of nasal obstruction can be corrected with surgical procedures, such as septoplasty (which is re-establishing a straight



septum), inferior turbinate reduction (reducing the swelling of the turbinate), functional rhinoplasty (reshaping and reinforcing the bone and cartilage of the nasal structure to provide increased airway) and adenoidectomy in children,

and endoscopic sinus surgery (to remove polyps and treat chronic sinusitis).

Cases when nasal obstruction can be concerning are found in both children and adults. Infants breathe primarily through the nose, and must breathe through the nose when feeding. When there is blockage of the nose, it should be treated as soon as possible

to prevent respiratory distress and difficulty feeding in infants. Children commonly place foreign bodies such as beads and toys in the nose, and those must to be removed in a timely manner so they don't get inspired into the throat or cause a perforation in the septum. In children and adults, there can be cancerous tumors that cause blockage of the nose, often accompanied by other symptoms such as nose bleeding, vision changes, numbness of the face, and facial pain. If there is persistent thin clear salty fluid leaking from the nose, particularly after sneezing or bearing down, there can be an abnormal connection between the brain vault and nasal cavity, and should be investigated.

However, nasal blockage most often is a benign problem, one that affects one's quality of life rather than life-threatening. However, if chronic, there is evidence to support that the inability to breathe through the nose greatly contributes to lack of delivery of oxygen when sleep, causing obstructive sleep apnea. Obstructive sleep apnea can increase the chance of cardiac disease and risk of stroke. This entity is being increasingly recognized as the obesity epidemic becomes more severe. One of the most effective treatments for obstructive sleep apnea is the correction of nasal obstruction.

We would highly recommend that you be evaluated by a head and neck specialist if you experience nasal obstruction that is interfering with your quality of life. It can often be easily managed, but occasionally a simple outpatient procedure can make a real difference in your life.

**Reminder:**

If you receive allergy shots, call ahead to make sure a doctor is in the office.



## Receiver in the Canal Aids - Top Seller

According to recent statistics released by the Hearing Aid Industries Association, behind the ear hearing aids with external receivers (RIC-receiver in the canal) made up 65% of the sales in the first three quarters of 2012. That's quite a dramatic shift since the behind the ear category (BTE) accounted for only 20.3% of sales in 1999.

What accounts for this change? Placing the external receiver (IE speaker) in the canal has allowed manufacturer's to further reduce the size of the digital processor that sits over the ear. The size difference, coupled with the small, thin wire that connects the processor to the receiver, makes the units almost invisible. But don't let the size of the entire unit fool you as this class of aid can fit hearing losses up to 100dB with a power receiver. The RIC aid is also very attractive to a person who has had to wear a traditional BTE unit which was typically much larger in size and also required a conventional earmold.

Carol Rogin, the Hearing Aid Industries Association president, believes that the external receiver aids provide better amplification, better speech discrimination, and often times a more comfortable fit. The RIC units have a huge fitting range, from the open ear fit to the severe losses. I recently fitted a long time hearing aid wearer with RIC aids and he immediately reported to me that he heard so much better than with his older, custom in the ear aids.

The options available to the hearing impaired user are vast. The hearing aids are cosmetically appealing and feature laden. Most aids are Bluetooth compatible which allows connectivity to cell phones, iPads, and televisions. And you don't have to spend a fortune for a set. CCENT offers five different classes of hearing aids, ranging from \$1800 a pair, all the way up to \$5300 for a pair.

It is a fact that there is a huge hearing problem in this country. 1 of every 10 Americans have hearing loss according to the Better Hearing Institute. 15% of baby boomers (ages 45 to 65) have hearing loss and 29% of people over 65 have hearing loss. Despite the hearing help need, a little over 2.4 million units were sold in the United States in 2011.

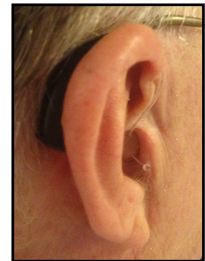
One reason for this is the Medicare does not pay for hearing aids. Often times, people on fixed incomes can't afford to buy hearing aids. But with various price points, financing options, and many different styles now available, there is no reason why a person should put off getting quality hearing help.



**JP Miller, MS, CCC-A  
Audiologist**



**Receiver in the canal aid**



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**RIC** Receiver in the Canal



## New Neckloop Bluetooth Device

### Works with all Telecoil aids

T-DEX  
FOR BLUETOOTH MOBILE PHONES



T-Dex sells for \$199  
One Year warranty

Just about all **new** hearing aids have the ability to connect to cell phones, iPads, ipods, etc. via Bluetooth technology. Hearing aids, typically have a small antennae onboard that can receive the Bluetooth signal from streaming device. But what if your have an older aid that is not Bluetooth compatible?

**Widex** now offers T-DEX, a device that makes **all** hearing aids with a telecoil, Bluetooth compatible. You pair the T-Dex unit with the Bluetooth compatible device and then the audio signal can be sent to the hearing aids via the telecoil component. Some of the nice features of T-Dex are:

- Binaural listening
- Volume control
- Headphone jack
- Visual status indicator
- Rechargeable battery

# Christmas Party, 2012



CCENT Staff



Left to right: Cynthia Chen, MD; William C. LeLiever, MD; Doris Lin, MD; Christine Lupiensi, FNP

Have a Happy and Prosperous New Year !