



the Trumpeteer

An Ear- Responsible Publication of Central Carolina ENT, PA

Pillar Procedure - A Three Year Follow Up

105 Patients Implanted

By: William LeLiever, M.D. FACS, FACS (C)



We started performing the Pillar procedure for snoring in February 2005. To date, we have placed 315 implants in 105 patients. I have re-

ported on the first 25 patients in previous CCENT newsletters as well as presenting these results in several of our North Carolina medical meetings. The results are superior to the other current options available with no significant side effects seen over this period.

What is snoring? Snoring is essentially a harsh sound with breathing caused by vibration of tissue in one of 3 areas. The areas include: 1) The soft palate (the most common), 2) the nasal area, or 3) the tongue and surrounding areas. Snoring can be either on inspiration or expiration of air and worse when the mouth is open. Snoring can be mild to disruptive and can severely affect lifestyle, relationships and getting a good nights sleep. In many cases snoring is associated with obstructive

sleep apnea (OSA) and can be serious.

What is the soft palate? This is an area of the roof of the mouth composed of muscle, soft tissue and a covering lining. The uvula is the extension of the soft palate seen in the back of the throat. The vibration in this area can originate in the mid section, uvula and also along the free border of the soft palate.

What is the Pillar Procedure?

The pillar procedure is a new innovative way to stiffen the soft palate using 3 small Dacron implants. These implants are placed into the muscle layer of the soft palate and are incorporated into the muscle layer to reduce and in many cases eliminate the vibration and intermittent obstruction. The effect usually starts between 8 and 10 weeks after the implantation. The implants themselves are tiny - 18 mm in length and do not interfere with swallowing or speaking.

(continued on page 2)



Meet David Thedford
Pillar Procedure
12-15-07
Interviewed by J.P. Miller

"Prior to my pillar procedure, I was pretty grouchy....my wife said I was grouchy quite a bit of the time...I would say that I would fall asleep in the afternoons or evenings when I got home from work if I laid down on the couch to watch television.

Struggled driving: I would have to stop quite a bit and get out and take a break, because I would feel very sleepy while I was driving. ...definitely not enough energy for my age."

My wife noticed that when I would go to sleep...she would notice quite a few times that I would stop breathing and that I would gasp for air.

I tried the CPAP machine for a year after I was diagnosed with sleep apnea. It did not work at all for me...I could not keep it on while I was sleeping. And grew very frustrated.

(continued on page 2)



(Pillar Update, continued from page 1)

How many have you done?

To date, we have placed 315 implants in 105 patients in the outpatient (office) setting. We have done 20 additional patients (60 implants) at surgery when combined with other surgeries for sleep apnea.

What are the results?

The pillar procedure has either eliminated or significantly reduced snoring in over 80% of our patients. Patients often report an increase in daytime energy and reduction in tiredness. Comparison of pre and post treatment sleepiness scale results show a 65% effect overall. Patients also report the onset of dreaming in their sleep which never happened when they snored heavily. In addition to snoring reduction, the pillar procedure has been very effective in mild to moderate obstructive sleep apnea patients. We have seen elimination of the need for CPAP in 62% of our CPAP users. The results for OSA depend on the severity of the condition. A sleep study is normally required to evaluate for severity of OSA. After implantation, patients have an initial sore throat for 24-30 hours. A few patients have noted rejection of one of the implants in 10 to 40 days after implantation. We have not had any delayed extrusion in our patients. In our series, the rejection rate is less than 1 %.

Who is a candidate for the pillar procedure? Patients are assessed for tongue size, palate dimensions, anatomy, sites of maximal vibration, tonsil status, uvula size, nasal status, weight, sleep study results, sleepiness scale and general history of sleep disorders. Not everyone is the ideal candidate for the pillar procedure. In many cases seen, severe OSA cases with marked weight issues preclude this procedure. Diagnosis is key- it may be that the patient requires nasal or tonsil surgery for example.

Do the implants work for everyone? No, our results show an overall success rate of 81% to date for all patients with severe snoring. The procedure has been done in association with other procedures including a UPPP, tongue surgery and nasal surgeries. The important thing is to make sure where the snoring is originating from and treat the cause. We have performed the pillar procedure in a few patients with severe OSA > 40 AHI to effect a reduction in the level of their CPAP administration.

More Information? Contact Jill Stone at Central Carolina ENT for more patient information and scheduling. She can be reached at jstone@centralcarolinaent.com or 919 774 6829

(D. Thedford, continued from page 1)

My wife actually did a google search for CPAP and Dr. LeLiever's office came up and the Pillar Procedure was on his website, so we started to do research.

The procedure was nothing that was bad or anything like that...once I was given the numbing agent, I didn't feel the procedure at all. Very simple procedure..I think I was in the office maybe 15 minutes total.

Post pillar procedure

I started to notice a gradual increase in energy, and my wife noticed I wasn't snoring quite as much at the 6 week point. And now that I'm at the 12 week point, I definitely have a lot more energy...my wife has not noticed at all that I stopped breathing...not struggling with snoring, and I don't have problems driving any longer and I would also say this is the first time in 10 or 15 years that I can actually remember having any dreams.

What would be your recommendations to other people in your situation?

I think that you need to do, like I did, to research the pillar procedure and find out as much information as you can about it. I would also recommend making an appointment with someone like Dr. LeLiever to let him explain the procedure to you and the benefits of the procedure and to find out if you are a candidate.



Discover Obagi's New Chest & Neck System

By: Julie Strickland, Licensed Esthetician



The Elastiderm Decollatage system is a revolutionary skincare system designed to reduce hyperpigmentation (discoloration), age spots and the appearance of the fine line and wrinkles on your delicate chest and neck area.

The Elastiderm Decollatage system consists of 2 patent-pending technologies using penetrating therapeutics that are clinically proven to help restore your healthy skin.

The Skin Lightning Complex – Reduces hyperpigmentation and age spots on the skin.

The Wrinkle Reducing Lotion – Helps to replenish elasticity and build collagen for increased skin strength and resilience. Also, includes malonic acid to help stimulate the production of healthy skin cells.

See Results in as little as 4 weeks. Clinical studies show that Elastiderm Decolletage System gradually reduces hyperpigmentation, including freckles and age spots, and visible reduces fine lines and wrinkles after just 4 weeks.

With consistent use, this system can help correct, restore, and maintain the radiant, youthful glow of your decolletage skin. Content of article obtained from www.obagi.com



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Spring is In The Air!

By: Dr. Doris Lin



Spring is back and so is the pollen from all the new plant growth. Forty-five million Americans suffer from allergies. Seasonal allergies occur during certain times of the year, such as allergies to tree pollen in the spring, grasses in the summer, weeds in the fall, and mold spores in late fall from growth in the fallen leaves. Perennial allergies occur year-round. Common culprits include pet (cat and dog) hair and dander, mold on wallpaper, houseplants, carpets and upholstery.

Symptoms of allergic rhinitis are itchy eyes and nose, sneezing, nasal stuffiness, nasal congestion, nasal drainage, and sometimes “sinus” headaches. Some people also notice ear fullness or hearing changes ([reference October 2006 newsletter](#)), scratchy sore throats, hoarseness, non-productive cough. Other less common symptoms are face and throat, skin irritation, and respiratory problems, including asthma. Severe longstanding allergies can actually cause enough swelling in the nose to cause episodes of sinusitis requiring antibiotics.



Allergic ear in and a chronic swelling in the cluding asthma. swelling in the

Avoidance of allergens is the first step in treating allergies, although is often easier said than done. Getting rid of the family pet is often out of the question for most people; a compromise is to restrict them from inside the home or at least the bedroom. Other ways to minimize your allergen exposure:

- Remove indoor sources of mold such as old carpeting, indoor plants
- Keep you windows and doors closed during the heavy pollen seasons
- Change air filters monthly, consider an air purifier
- Wear a pollen mask when mowing grass or house cleaning
- Change feather pillows, woolen blankets, and woolen clothing to cotton or synthetic materials
- Enclose mattress, box springs, and pillows in a plastic barrier cloth
- Stop smoking
- (adapted from AAO-HNS website: <http://www.entnet.org>)

Many medications are available to help relieve symptoms of allergic rhinitis. Below is a brief description of the main classes of medications. Often finding the most effective combination involves a bit of trial and error as each person seems to experience a different amount of relief from each medication.

Antihistamines counter histamine, the chemical released by the cells in your body responding to the allergen. Histamine attaches to receptors in blood vessels causing to enlarge. By attaching to other receptors, it causes the redness, swelling, itchiness, and changes in secretions experienced in allergic rhinitis. First generation antihistamines such as Benadryl work well for allergic rhinitis but most people experience side effects such as drowsiness with its use. Second generation antihistamines have less sedation effects. Examples include lo-



ratadine and cetirizine (now available over the counter), Allegra, Clarinex, and Xyzal. There are also antihistamine nasal sprays (such as Astelin) which can be used topically in the nose and antihistamine eye drops.

Decongestants relieve congestion and can be prescribed with your allergy pill or separately. Over the counter decongestants include Sudafed, Neo-Synephrine, and Afrin. Overuse of Neo-Synephrine and Afrin can cause a rebound congestion, actually worsening symptoms if used more than three days in a row. Decongestants with your allergy pill will be labeled with a “-D” after the name.

Steroids reduce inflammation associated with allergies. Oral steroids work very well but are associated with many side effects with short term use (weight gain, fluid retention, high blood pressure, insomnia) and with long term use (growth suppression, diabetes, cataracts, osteoporosis, muscle weakness). Topical nasal steroid sprays (such as Flonase, Nasonex, Nasacort, Rhinocort, and Veramyst) are associated with fewer side effects than oral steroids and can work very well locally. Some side effects of nasal sprays include nasal dryness and mild nose bleeds. Inhaled steroids (often used for asthma) can cause cough and yeast infections in the mouth.

Leukotriene modifiers are also used to treat asthma and nasal allergy symptoms. Leukotrienes are another chemical in the body that can cause airway constriction, excess mucus production, and inflammation. Example of leukotriene modifiers are Accolate and Singulair.

Immunotherapy is usually considered in patients with severe allergies refractory to all of the medications above. You are first tested for allergies which can be a skin test or a blood draw. At Central Carolina ENT, we use RAST testing, a blood test which detects the presence of allergy specific antibodies in your blood. In immunotherapy, small but increasing amounts of allergen (the agents you are allergic to) are injected just below your skin to build up your immune system tolerance. Because of this, there is a chance of a severe reaction to the shots which is why shots can only be administered in a doctor’s office. After building up your immune system tolerance, one can become symptom free without the use of additional oral or nasal medications.

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