



AMERICAN RHINOLOGIC SOCIETY NEWSLETTER

November 1999

Volume 20, No. 13

President's Message



Charles W. Gross, M.D.

Rhinology is playing an ever increasing roll in the specialty Otolaryngology and medicine in general. This was particularly evident by the just completed fall meeting of the American Rhinologic Society and the American Academy of Otolaryngology - Head and Neck Surgery. There was record attendance at the ARS scientific sessions and about 300 requests for tickets for the evening symposium could not be honored due to space limitations. The Academy had several well attended sessions relating to Rhinology, at least one of which had standing room only. There were also more than 50 related instructional courses.

The American Rhinologic Society will continue its leadership roll within our specialty. Dr. Panje provided the American Rhinologic Society with excellent leadership this past year and was ably assisted by your hard working Officers and Board of Directors, in addition to the efforts by many other members of the ARS, which incidentally is the fastest growing society in Otolaryngology, "membership now exceeds 1,000." With expansion of Rhinology, interest in basic and clinical research, clinical applications and society economic issues the ARS has a very busy year ahead. As your President, I assure you we will make every effort to continue our leadership role and I solicit your support and suggestions in these efforts. I also wish to thank you for your efforts on behalf of the American Rhinologic Society.



President-Elect's Message



Frederick A. Kuhn, M.D.

As we enter a new year with the American Rhinologic Society there are many noteworthy things in the offing. We have had a very good Scientific Meeting just before the AAO-HNS meeting in New Orleans and Charley Gross has assumed the Presidency of the organization. The Socioeconomic Committee with Joe Jacobs as Chairman has been working on the problem of reimbursement for postoperative debridement (CPT code 31237). They are working on a letter with our Attorney, outlining the Academy's and HCFA's position on this

code and the zero global days associated with endoscopic sinus surgery, which you may use in contending with your carriers.

The Long Range Planning Committee met before the ARS Board meeting and outlined four primary areas in which they felt the Society should focus its attention. These are 1) Socioeconomic, 2) Rhinologic Research, 3) Pubic Relations and liaison with the Academy to better coordinate the Academy's initiatives in the area of Rhinology, and 4) Education. These were reports to the Board for consideration and will be the subject of the Long Range Planning Committee in the spring.

As Chairman also of the Academy's Terminology and CPT Coding Committee and Representative to the AMA CPT Advisory Committee, I am pleased to report that the AMA CPT Editorial Panel approved an editorial change in CPT Code 61795, which has been incorporated into the new CPT book for 2000. The code descriptor now reads "Stereotactic Computer Assisted Volumetric

(Navigational) Procedure"; intracranial, extracranial or spine. Consequently this code may now be used for spine, skull base and sinus applications. This is the result of a cooperative effort with our Neurosurgical and Orthopedic colleagues. Considerable credit goes to Dr. Sam Hassenbach, the Neurological representative from Houston, who has now been elevated from the Advisory Committee to the Editorial Panel.

Our new website is up and running thanks to Dr. Martin Citardi of St. Louis University.

Soon you will be able to submit abstracts for scientific meetings over the internet, register for our meetings online and a host of other things. Speaking of abstracts, abstract time is at hand for COSM, which will be held at the Orlando World Center Marriott in Florida this May, 2000. The form is included in this issue thanks to our Newsletter Editor, Dr. Osguthorpe. I will remind you that the quality of the meetings is dependent upon the number and quality of abstracts which you submit.

(please see form on pages 3 & 4)

What's Inside ...

**Int'l Rhinologic Society
"The Nose 2000" ... 2**

COSM abstract ... 3, 4

**Sinus & Allergy Health
Partnership Update ... 5**

Secretary's Summary ... 5

Rhinology Tips ... 6

**Awards/Research Grant
Notices ... 8**

Editorial Info ... 8

**IX Congress of the International Rhinologic Society
with
American Rhinologic Society
and
Mayo Clinic
present**

**THE NOSE 2000...AND BEYOND
Washington, DC
September 20-23, 2000**

*Immediately preceding the annual meeting of the American Academy
of Otolaryngology-Head and Neck Surgery (AAO-HNS)*

Program

There will be plenary sessions on physiology, nasal obstruction, functional surgery, asthma, allergy, sinusitis, endoscopic sinus surgery, cosmetic, tumor and reconstructive surgery of the nose. There will be prizes for posters, videos, free papers, Case of the Millennium, and research (Cottle Award). There will also be a resident competition entitled "The Nasal Knowledge Bowl". There will be great debates, mini courses, and seminars covering a vast array of rhinologic topics and associated issues such as socioeconomic issues including "Health Care Policy and Finance", "Telecommunications in Medicine", "Technology Transfer", "Lasers in Rhinology", "The Nose in Sports", and many, many other topics.

The fundamental thematic questions are:

"What do we really know?"

"What do we do that works?"

"Where do we go from here?"

Evening Events

There is an exciting events program including open ceremonies at the Omni Shoreham Hotel in Washington, DC with the US Marine Corps Band and Silent Drill Team, a musical evening at the John F. Kennedy Center for the Performing Arts, and a gala black tie (optional) anniversary dinner dance.

CMEs

"This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Mayo Foundation and the International Rhinologic Society. Mayo Foundation is accredited by the ACCME to provide continuing medical education for physicians."

Cooperating Societies (listed alphabetically)

American Academy of Facial Plastic and Reconstructive Surgery

American Academy of Otolaryngology-Head and Neck Surgery

American Rhinologic Society

International Society of Endonasal Laser Surgery

International Symposium on Infection and Allergy of the Nose

Triologic Society

For information contact:

Mrs. Michelle Franke

Mayo Clinic

E-mail: nose2000@mayo.edu

Web site: www.nose2000.org

Fax: 507-284-3907

Sinus & Allergy Health Partnership Fall Update

The August 1999 "Academy News" of the American Academy of Allergy, Asthma and Immunology included a progress report on their "Sinusitis Initiative," as follows:

"Advances in pediatric rhinitis and sinusitis have reached over 1,000 of our primary care colleagues across the country through programs at managed care organizations. This is important because each program has built bridges for the specialty and for referrals. In offering primary care physicians this information for their young patients with rhinitis, sinusitis and asthma, we emphasize when it is appropriate to refer to an allergist. We know we are specially trained to provide such care, and that our outcomes are better."

Do I have your attention? The response of organized otolaryngology has 2 key elements, (1) superiority in the management (medical and surgical) of paranasal disorders by otolaryngologists across the country on a daily basis, and (2) public and primary care physician outreach campaigns by the Sinus & Allergy Health Partnership, a joint venture of the American Academy of Otolaryngology - Head and Neck Surgery, the American Academy of Otolaryngic Allergy and the American Rhinologic Society. Since 3/98, the Partnership has raised \$862,000 in unrestricted grants, with another \$350,000 pledged by year's end from pharmaceutical sponsors (Schering, GlaxoWellcome, Bristol-Myers Squibb, Smith-Kline Beecham, Pfizer/UCB Pharma, Ortho McNeill, and Bayer). Consider thanking representatives of the aforementioned when they visit your offices. The Partnership has a full-time employee, Heather Raglin, a toll-free number (#877-724-7999), and a web site (www.allergysinus.org) listing the Partnership's activities, patient information materials and the like. Current Partnership initiatives include (1) public education via 10,400 media releases to date, (2) managed care outreach via a supplement to the *Medicom Managed Care Journal*, and (3) primary care outreach that includes a Distinguished Lecture Series for the annual meetings of national primary care organizations (Dr. Dennyeny will address the Southern Medical Association next month), an otolaryngology Professor for the Day for 100 primary care residencies not associated with an otolaryngology training program, and a Board of Governors-based (but open to any otolaryngologist) slide lecture series for local medical associations, hospital staff meetings and the like.

The Partnership is incorporating as a C6 organization, and as such can add socioeconomic issues to its education initiatives. Note the HCFA ruling on an AAO-HNS appeal regarding the laterality of turbinate surgery. The 2000 Medicare fee schedule should now specifically allow CPT codes #30930 (outfracture of turbinates), #30130 (turbinectomy) and #30140 (submucous resection, turbinate) to be classified as unilateral rather than bilateral procedures. Note CPT #61795 now provides a code for the use of stereotactic assistance in sinus surgery. Despite favorable rulings from the PEAC and RUC on a joint effort by the AAOA and AAO-HNS, CPT code #95165 (allergen vials) remains a problem. Widespread third party payor refusals to recognize endoscopic sinus surgery as having a zero day global period have been addressed with a formal "position statement" adopted by the AAO-HNS Board of Directors and by supporting documents from the ARS legal consultant. For more information please contact the AAO-HNS at #877-722-6467 (www.entnet.org)

Expect another update from the Partnership this coming spring, and in the interim feel free to contact Heather Raglin (#301-588-1800, ext. 101) or any of the Partnership Steering Committee, which includes James Dennyeny, M.D., James Hadley, M.D., Ivor Emanuel, M.D., Jack Anon, M.D., James Stankiewicz, M.D., Michael Benninger, M.D., and me.

J. David Osguthorpe, M.D.
Sinus & Allergy Health Partnership

Secretary's Report



Fred A. Stucker, M.D.

This past year the Board of Directors and the Secretary's Office have had the unusual happy experience of approving 171 new members into the American Rhinologic Society. The organization has grown from 240 members to our present membership total of 1050 since I assumed the position of Secretary. The American Rhinologic Society experienced explosive growth in 1997 and 1998. Another exciting statistic is the number of members who elect to receive the *American Journal of Rhinology*. This is our official journal and is subscribed for by 472 of our members. We should all be grateful to Guy Settignano, the owner of the *American Journal of Rhinology*, and David Kennedy, whose efforts resulted in our journal becoming indexed. The Board of Directors in April approved a very modest increase in the annual subscription rate to \$69.50, paid through the annual dues. The *American Journal of Rhinology* and the American Rhinologic Society have experienced a symbiotic relationship manifested by the marked growth in both. We now share a common booth for exhibiting at meetings of mutual interest.

The Board has been active in its support both philosophically and financial in backing the efforts of the Sinus & Allergy Health Partnership. At the outset the Board of Directors voted to support this effort with an initial amount of \$10,000 in 1998. This indicated the resolve of our organization in critical issues such as this and was likely an indication to our sister societies our concern in these types of economic issues. Remember our preemptive involvement with the FESS issue with the first financial commitment of any otolaryngology group.

Your Board of Directors have supported efforts to seek and gain membership in the AMA and American College of Surgeons with delegates and governor status respectively. Although these pursuits may take some time, we will pursue these efforts and be successful in attaining national recognition.

The Board has endorsed and strongly supports the combined meeting "The Nose . . . 2000" with the International Rhinologic Society. Dr. Kern is the general Chairman for this momentous meeting in Washington, D.C., September 20-23, 2000, and we encourage all of you to support this international gathering.

At the December Board of Directors meeting the Board approved new deadline dates for abstracts received for our two scientific meetings. The abstract deadline for the Spring Meeting was set for December 1st and a June 1st deadline for the Fall Meeting. Another motion was made and passed that no presentations would be allowed without a manuscript being turned in prior to assuming the podium.

The Board of Directors, this past year, also approved the following individuals to represent the American Rhinologic Society to the AAO-HNS Board of Governors. These included David Kennedy as Governor, Jack Anon as Public Relations Representative and Joseph Jacobs as Legislative Representative.

In another initiative the Board unanimously voted to allocate \$10,000 as a retainer fee to Hogan and Harson of Washington, D.C. The purpose of this action is to retain the services of Laura Loeb (who previously represented our society) to investigate the legal implications involved in insurance claims that reject postoperative clean out procedures, etc., as part of a global fee. There is, as you know, no Medicare global period for FESS.

The CME inspection of our society took place in January 1999 in Chicago. All the records in the Secretary's office concerning CME activities were brought to Chicago and carefully reviewed and scrutinized by two field representatives. They also reviewed the CME forms, which were thoughtfully and completely prepared by Dr.

(continued on Page 7)

Sphenoidotomy - Surgical Approaches

The sphenoid sinus has only recently been targeted by a few authors reviewing pathology and surgical approaches. In many respects it is the "forgotten" sinus with most attention given to the other more commonly involved sinuses. However, because of the fact that the sphenoid sinus sits in the skull base with important neurological and vascular structures around it and in it, it is important when disease or complications of disease warrant surgery that surgical approaches are clear. Disease in the sphenoid sinus should be approached with caution. When patients fail medical therapy, there is a suspicion of tumor, or a complicated sinusitis, surgery is recommended. The following surgical approaches to the sphenoid sinus have been described:

Via Maxillary Sinus

This is a standard approach which can be initially approached using a Caldwell Luc, Denker procedure (Weber Ferguson), or a facial degloving. Once in the maxillary sinus, a large middle meatal anastomy is made and the anterior wall of the sphenoid approached through the anastomy side by following the medial maxillary sinus wall and proceeding through the basal lamella. Another approach is through the medial aspect of the posterior portion of the root of the maxillary sinus (above the internal maxillary artery), thereby entering into the posterior ethmoid sinus. Through this sinus, the sphenoid sinus is entered. It is important to note that at the point of the initial Caldwell Luc opening the anterior sphenoid wall is only 4-5 cm away (not the 7 cm from the intranasal approach). Thusly, skull base, carotid, and optic nerve can be easily injured.

Transnasal Approaches Without the Endoscope

In order to visualize the anterior sphenoid wall well, the middle turbinate requires removal. The vessels beneath the sphenoid are avoided. The sphenoid is measured and 1- 1 1/2 cm above the choana, the sphenoid is entered and the disease is dealt with.

Endoscopic Sphenoid Approaches

Medial Middle Turbinate

Using a 0° endoscope the middle turbinate is gently pushed laterally. The superior turbinate is noted along with the choana. Medial to the lower 1/3 of the superior turbinate (about 1- 1 1/2 cms above the choana) a probe is placed at the sphenoid ostium which should measure 7 cms in the average adult. Measurement of the distance to the choana will give an exact measurement of the distance to the anterior wall. The lower 1/3 of the superior turbinate is removed and the sphenoid sinus can be opened medial to the attachment of the superior turbinate and widened laterally. Disease is biopsied, removed, or drained as necessary.

Lateral to Middle Turbinate

Ethmoidectomy is performed to the basal lamella. The basal lamella is measured (usually at 6 cm in the adult) and opened. Medially, the drainage opening from the posterior ethmoid is located and the superior turbinate

identified. A plane parallel to the lower part of the middle turbinate and the maxillary anastomy sets the approach angle to the sphenoid. The lower 1/3 of the superior turbinate is removed and the sphenoid ostium measured and entered. The sinus anterior wall is opened laterally, as needed. The first description of entering the sphenoid lateral to the middle turbinate required direct entry into the sphenoid keeping in a plane parallel to the lower part of middle turbinate and upper maxillary anastomy. The basal lamella is entered and the anterior sphenoid wall measured again at 7 cm. The sphenoid anterior wall should be convex toward the operator. Anything concave is anterior skull base. Parsons described moving medially along the anterior sphenoid wall and running into the superior turbinate. At this point the vertical "ridge" is felt and the natural ostium can be found. The lateral approach in most experienced hands today requires finding the natural ostium before the sphenoid is opened.

Middle Turbinate Removal

The lower part of the middle turbinate can be removed to gain wide exposure to the sphenoid where maximum exposure is needed. Incision into the turbinate with scissor or punches are made anterior superiorly and posterior inferiorly. The sphenoid is opened medially as discussed and enlarged as necessary.

Transseptal and Transseptal Endoscopic

The transseptal approach to the sphenoid has been well documented for pituitary surgery. The sphenoid is entered via the rostrum (bone between two ostia) and the septal flaps are kept intact. This is usually performed using the microscope. Another approach is to enter the septum posteriorly at the bony cartilaginous junction under endoscopic guidance. Flaps are elevated and septal bone is taken down to the rostrum. The sphenoid can be entered as for pituitary surgery. While this allows for endoscopic sphenoid surgery, it may be problematic for the microscope.

For large exposure (massive fungal balls or tumor), the sphenoid using the above described techniques can be opened from orbital wall to orbital wall across midline, if necessary.

Sphenoid disease should be very carefully removed to avoid injury to the optic nerve (superiorly) and carotid (posterior laterally). Bleeding can occur from the superior, inferior, and laterally sphenoid margins and can be controlled with cautery. Of course, computerized endoscopic sinus surgery is most helpful, if available, to assist in sphenoid surgery.

Conclusion

Hopefully, this short review will remind surgeons about approaches to the sphenoid. Safety is paramount and surgically finding the ostium the best approach. Computerized guidance can be most helpful, especially, for difficult or extensive disease.

James Chow, M.D., Chairman
AAO-HNS Rhinology and Paranasal Sinus Committee
James A. Stankiewicz, M.D., ARS Education Committee



Martin J. Citardi, M.D.

The newly revised ARS web site is now live at www.american-rhinologic.org. Please note that this is a new URL address for the ARS—if you had a bookmark for the ARS in your browser, you will need to update that bookmark.

Over the past several weeks, Wildfire Internet Services (www.wildfire-internet.com) has been developing a new interface for the ARS on-line. This new design incorporates the latest Internet

features, and sets the framework for future growth.

The revised ARS web site includes this information:

- Information about the history of the society
- President's message
- News
- Information for visitors (including e-mail to the society and patient information)
- Information for members (including e-mail to the society and meeting info)
- Links to related sites
- Site map

Additional items will be added to the site regularly, so that Internet users have a reason to return to the ARS site. In addition, Wildfire will attempt to keep our site visible to search engines, so that all Internet users can find the ARS on the World Wide Web.

The ARS site also has a direct link to the discussion groups of the International Online Journal of Otorhinolaryngology-Head and Neck Surgery (www.ori-hns.org). This Internet journal is hosting discussion groups for a variety of specialty areas within otolaryngology. ARS members are encouraged to post rhinology messages in the rhinology groups (as well as the other discussion groups of this journal).

Although the new site is dramatically improved, additional work still needs to be done. In the near future, the site will feature ARS Board member profiles. Electronic abstract submission for ARS meetings is also coming. Finally, ARS membership records will be shifted to an on-line database that will be secured behind a server 'fire wall.' This database will facilitate accurate record keeping for the society, and it will serve as the source for data for the online membership directory.

Of course, all fellows and members are invited to participate in this project. If you have any comments or suggestions, please forward them to arsinfo@american-rhinologic.org so that we can build an active, viable Internet presence for the ARS. E-mail: mjcorl@pol.net

Secretary's Report (continued from page 5)

Stankiewicz. The inspection resulted in a four-year (maximum) approval. Of the 17 areas examined only three were cited for suggested improvements. Dr. James Stankiewicz is to be congratulated on his efforts and success in our four-year renewal approval.

The COSM secretaries, after much deliberation over the past two years, approved a five-day format for the Spring Meetings. This will require some major change, such as: concurrent meetings, conjoint meetings and outside of COSM meetings every 4 or 5 years. We currently have conjoint meetings scheduled with the American Academy of Otolaryngic Allergy, The Triologic Society and the American Academy of Facial Plastics and Reconstructive Surgery. Discussions are taking place to schedule combined meetings with Pediatric Otolaryngology and the American Bronchoesophagology Association.

The Board approved and the membership concurred in a minor revision of our Mission Statement to fulfill an ACGME requirement:

The American Rhinologic Society (ARS) maintains its tradition by promoting excellence in clinical care, investigation and education in the field of rhinology and sinusology. The ARS is dedicated to providing communication and fellowship to members of the rhinologic community through ongoing continuing medical education, economic and educational programs. The ARS is the only professional organization that deals specifically with issues of sinus surgery, both conventional and endoscopic.

The most recent Board Meeting (September 99) approved a proposal by the AAO/HNS to act as a central office for evaluating and scoring grant applications. This initiative was presented by Dr. Pillsbury, President, AAO/HNS. There would be no charge or strings attached to this service.

The annual business meeting elected Paul Toffel, MD, President Elect and Don Lanza, MD, and Mike Sellers, MD, to the Board of Directors. Brent Senior, MD, was elected as the At Large Member to the Nominating Committee. The Board of Directors approved the distribution of the next two newsletters to the 9500 Otolaryngologists on the AAO/HNS mailing list. If corporate support is not obtained for the complete mailing the ARS will underwrite the additional expense.

The board discussed the successor to the Secretary. The society has grown rapidly and the need for a dedicated secretary with good staff and office support is essential. Anyone interested in this position is urged to contact the Secretary's office. The board also voted to create a position of Historian to represent the Society. Dr. Eugene Kern was nominated for this position.

The ARS Board of Directors also approved a ARS/ERS jointly sponsored session on Secondary Rhinoplasty at the European Society Meeting in Barcelona, June 25-29, 2000. Members are urged to attend the meeting and are also encouraged to submit a free paper.

Fred A. Stucker, M.D.
Louisiana State University Medical Center
Shreveport, Louisiana

American Rhinologic Society
Fred J. Stucker, M.D.
1501 Kings Highway
Post Office Box 33932
Shreveport, LA 71130-3932

BULK RATE
US POSTAGE
PAID
Rochester, MN
Permit #722



AWARDS/RESEARCH GRANT NOTICES

For the grant year 2000, the American Rhinologic Society is pleased to have the ability to offer three research grants of \$10,000 each. The announcements and deadlines have already been made and are as follows:

<i>Letter of Intent</i>	<i>January 3, 2000</i>
<i>Research Grant Application</i>	<i>March 1, 2000</i>
<i>Announcement of Recipients</i>	<i>May 12, 2000</i>
<i>Funding Available:</i>	<i>July 1, 2000</i>

Beginning the funding year 2001, the American Rhinologic Society will be participating in the Centralized Otolaryngology Research Efforts Program or C.O.R.E. This program has been developed by the American Academy of Otolaryngology and the affiliated senior societies to centralize the application process for research grants funded within the otolaryngology societies. By participating in C.O.R.E., the American Rhinologic Society will standardize our granting cycle to correspond with the American Academy of Otolaryngology–Head and Neck Surgery. The American Rhinologic Society will still offer specific grants to fund and develop research within rhinology. The C.O.R.E., however, will standardize the application process and facilitate the review of grants by utilizing the administrative structure of the Academy. The American Rhinologic Society believes that participating in this program will make it possible for investigators within rhinology to more readily have access to research funds. Information concerning this development will be made as the process is formalized.

Thomas V. McCaffrey, M.D., Ph.D.
University of South Florida
Tampa, Florida

*The American Rhinologic Society
would like to thank
Glaxo Wellcome Pharmaceuticals
for an unrestricted educational grant
that enabled this Newsletter to be printed.*

*Editorial Office
J. David Osguthorpe, M.D., and Melanie Dykins, Editors
Department of Otolaryngology and Communicative Sciences
Medical University of South Carolina
150 Ashley Avenue PO Box 250582 Charleston, South Carolina 29425
(843) 792-3533 fax (843) 792-0546 E-mail: dykinsme@musc.edu*