

## SINUSITIS BACKGROUNDER

*More Americans suffer from sinusitis than diabetes, asthma, or coronary heart disease.<sup>1</sup>*

*Sinusitis affects 37 million Americans each year,<sup>2-3</sup> making it one of the most common health problems.*

*Sinusitis impacts a person's quality of life and accounts for over \$8 billion in annual health care expenditures.<sup>4</sup>*

### **Is It Allergies, a Cold or Sinusitis?**

Your nose is congested and it's hard to breathe. Thick mucus irritates the back of your throat. Your face, head and even your teeth hurt from the pressure. You're losing your sense of smell and taste. You're incredibly tired and irritable.

You think that it must be *yet another* cold or allergy attack again this year.

You take allergy or cold medicines to relieve your symptoms but they don't help.

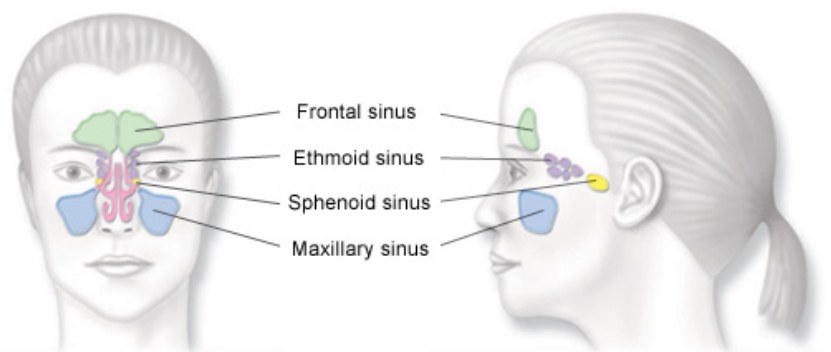
Finally, you see your primary care physician or general practitioner.

After listening to your history of symptoms and conducting an exam the doctor says you have *acute sinusitis*, which is a temporary inflammation of the sinus lining that is caused by a bacterial infection and commonly called a sinus infection. Your doctor may recommend saline nasal sprays, antibiotics, nasal steroid sprays, decongestants and over-the-counter pain relievers to help relieve the condition.

However, if you **experience symptoms for longer than 12 weeks** you could have chronic sinusitis.

### **A Look into the Sinuses**

The sinuses are hollow spaces in the skull (i.e. the frontal, ethmoid, sphenoid and maxillary) which serve to lighten the skull and give resonance to the voice. The purpose of the sinuses, which open into the nasal cavity, is to generate mucus to keep the nose from drying out during breathing and to trap unwanted materials so that they do not reach the lungs.



When you have acute or chronic sinusitis, the mucous membranes of your nose, sinuses and throat become inflamed, possibly from a pre-existing cold or allergies. Swelling obstructs the sinus openings and prevents normal mucus drainage, causing mucus and pressure to build up. Symptoms include: drainage of a thick, yellow or greenish discharge from the nose or down the back of the throat; nasal obstruction or congestion; tenderness and swelling around the eyes, cheeks, nose and forehead; and/or a reduced sense of smell and taste. The impact of chronic sinusitis on a person's quality of life could include: throbbing facial pain or headaches, congestion, bad breath, irritability, fatigue or nausea.<sup>5</sup>

## ***The Treatment of Chronic Sinusitis***

If chronic sinusitis is suspected, your doctor most likely will refer you to an Ear, Nose and Throat (ENT) physician (an otolaryngology specialist). The ENT physician uses several methods to help screen for chronic sinusitis: visual inspection, nasal endoscopy, CT scan, or nasal and sinus cultures. After diagnosing chronic sinusitis and identifying a possible cause, your ENT will often begin with medical management.

Medical management of chronic sinusitis may include:

- *Decongestants*
- *Nasal steroids*
- *Antibiotics*
- *Mucus thinning drugs*
- *Oral steroids*

Healthcare professionals often find it difficult to treat the majority of chronic sinusitis sufferers with medication. In fact, it is estimated that up to 60 percent of chronic sinusitis sufferers are not successfully treated with medication.<sup>6</sup> Patients who do not respond well to medications become candidates for conventional sinus surgery, which is known as functional endoscopic sinus surgery (FESS).

Since the 1980s, FESS has been the standard of care for sinus surgery. FESS aims to clear blocked sinuses and restore normal sinus drainage by removing bone and tissue to enlarge the sinus opening, which may lead to pain, scarring and bleeding.

However, conventional sinus surgery no longer has to be the only option for chronic sinusitis patients who are not responding well to medications. *Balloon Sinuplasty™* is a breakthrough procedure that relieves the pain and pressure associated with chronic sinusitis. To learn more about chronic sinusitis, visit the American Academy of Otolaryngology-Head and Neck Surgery ([www.entnet.org](http://www.entnet.org)). For more information about *Balloon Sinuplasty*, visit [www.balloonsinuplasty.com](http://www.balloonsinuplasty.com).

### **Sources**

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<sup>1</sup> Adams, PF, Hendershot GE, and Marano MA. Current estimates from the National Health Interview Survey, 1996. National Center for Health Statistics. Vital Health Stst 10(200). 1999.

<sup>2</sup> Benninger, M. et al. Adult chronic rhinosinusitis: Definitions, diagnosis, epidemiology, and pathophysiology. Otolaryngol Head Neck Surg 2003; 129S: S1-S32.

<sup>3</sup> Lusk R, Bothwell MR, Piccirillo J. Long-term follow-up for children treated with surgical intervention for chronic rhinosinusitis. Laryngoscope 2006; 116:(12) 2099-2107.

<sup>4</sup> Ray, N., et al. Healthcare expenditures for sinusitis in 1996: Contributions of asthma, rhinitis, and other airway disorders. J Allergy Clin Immunol 1999; 103: 408-414. (Inflation Adjusted as per CPI to 2010 dollars.)

<sup>5</sup> <http://www.entnet.org/healthinformation/sinusitis.cfm> (Accessed July 19, 2011)

<sup>6</sup> Hamilos, D. Chronic sinusitis. J Allergy Clin Immunol 2000; 106: 213-227; Stankiewicz, J., et al.,. Cost Analysis in the Diagnosis of Chronic Rhinosinusitis. Am J Rhinol 2003;17(3): 139-142; Subramanian, H., et al. A Retrospective Analysis of Treatment Outcomes and Time to Relapse after Intensive Medical Treatment for Chronic Sinusitis. Am J Rhinol 2002; 16(6): 303-312; Hessler, J., et al. Clinical outcomes of chronic rhinosinusitis in response to medical therapy: Results of a prospective study. Am J Rhinol 2007; 21(1): 10-18; Lal, D., et al. Efficacy of targeted medical therapy in chronic rhinosinusitis, and predictors of failure. Am J Rhinol Allergy 23, 396-400, 2009.