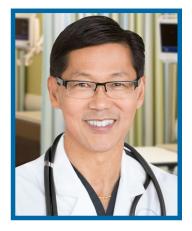


PHYSICIAN SPOTLIGHT: Q&A WITH RANDALL A. OW, M.D., FACS, FAAOA, FARS



Q: What has the response been from your RhinAer patients?

Dr. Ow: The more severe the rhinitis, I find the more dramatic the response. The patients that have severe runny noses and clearing of the throat aren't rare. Many of these patients carry Kleenex, they have Kleenex in their car, they have it in their pocket. I ask them, "Do you have any in your purse or handbag?" And they say, "I don't go anywhere without it." So those are the patients that I think you can treat and have confidence that you're going to see a big difference when they come in. It's a remarkable treatment. Until posterior nasal nerve (PNN) treatment came out, there wasn't a whole lot more to offer patients. And now I think what you'll find is you can improve their congestion and the runny nose symptoms significantly with the one office procedure.

Q: Why did you adopt RhinAer® into your practice?

Dr. Ow: As providers we want to give patients safe, comfortable, and effective treatments. I have had quite a bit of experience with cryotherapy and did have occasional patients suffer from the so-called "ice cream headache". I haven't been able to completely eliminate the risk if I offer cryotherapy in the office, so I counsel patients carefully about that risk. I was quite pleased with the option of radiofrequency PNN treatment, and I haven't had any significant pain when treating with radiofrequency in the office.

Q: After being the first to use the next generation RhinAer, what features will be most beneficial in your practice and why?

Dr. Ow: During my initial experience with the new device, I was most impressed with the malleability of the shaft of the device. With the new RhinAer, I can adjust the stylus very easily without excessive force. What I saw endoscopically and what I felt through tactile means told me that the apposition was much improved. I also appreciated the slimmer profile to help improve access and visualization, especially in narrow anatomy.

Q: What advice do you have for physicians who are looking to add RhinAer to their practice?

Dr. Ow: One, if you haven't treated the PNN with any modality, there is a very large market of patients who suffer. I would encourage providers to have pamphlets or materials in the waiting room. And when patients are made aware that there are potential treatments, you'll be very surprised how many patients who are coming in for things like vertigo or ear wax or hearing loss, say, "By the way, I saw something in your waiting room and I do suffer from a runny nose, but I was told I have to live with it because all the treatments, the nose sprays haven't worked."

I would strongly encourage people to adopt RhinAer for that group of patients with bad rhinitis and you'll be surprised at how dramatically effective it is in a lot of patients.

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Q: Do you treat both PNN and inferior turbinates with RhinAer? If so, why?

Dr. Ow: Yes. I first anesthetize and treat the posterior nasal nerve and then treat the inferior turbinate. The congestion improvement can be quite remarkable for these patients and a lot of them will comment right during the procedure that their nose feels a lot more open. Treating the PNN provides improvements in rhinitis. Treating the mucosa of the inferior turbinate in a targeted fashion with the RhinAer device helps gain even more improvement along the nasal congestion symptom spectrum.

Q: Has the way that you work up patients changed in terms of thinking about treating patients with allergic rhinitis with RhinAer? And if so, what is your patient selection process for allergic rhinitis patients?

Dr. Ow: Specifically looking at the patients who have nasal symptoms of allergic rhinitis coming in for treatment options, certainly they would've been on standard first line therapy of nasal steroids with incomplete resolution of the complaint. I really feel what RhinAer allows us to offer the patient is decreased rhinorrhea (via PNN treatment) and improved nasal airflow (via treating the inferior turbinates). I really like the combined benefits of improving nasal congestion, as well as decreasing nasal discharge or rhinitis with one procedure; it's very nice option to offer our patients with allergic rhinitis.

Q: Is there anything else you'd like to share from your clinical research perspective?

Dr. Ow: I feel very fortunate to have been involved in several of the clinical trials that have utilized various modalities to treat chronic rhinitis patients via the posterior nasal nerve. RhinAer stands out for several reasons, especially with the new hand piece. The malleability and the slimmer profile give me the confidence that I'm treating the target area more effectively than I was in the past without the fear or concern of triggering an adverse treatment event, like an ice cream headache. The new device is far superior to the first generation. It's gratifying to work with companies that are right at that edge, improving treatment of patients' conditions.

Dr. Ow is board-certified in adult and pediatric otolaryngology, by the American Board of Otolaryngology. He has earned fellow status of the American Academy of Otolaryngic Allergy and practices at Sacramento Ear, Nose & Throat in Roseville, California. Dr. Ow was the first physician in the U.S. to use the Next Generation RhinAer stylus in a clinical setting.