Instructions For Use – RhinAer+™ Stylus
Model: FG2258
Max Voltage: 70.7 V_{rms}

English (US)

Carefully read all instructions prior to use. Observe all contraindications, warnings and precautions noted in these instructions. Failure to do so may result in patient complications. Aerin Medical relies on the physician to determine, assess and communicate to each patient all foreseeable risks of the procedure. Resale of this device is prohibited by law.

Aerin Medical Inc.
2565 Leghorn Street
Mountain View, CA 94043, USA
Customer Service Phone: 833-484-8237
Email: customerservice@aerinmedical.com

Rx ONLY

Caution: Federal law restricts this device to sale by or on the order of a physician.

DEVICE DESCRIPTION

The RhinAer+ Stylus is a disposable handheld device capable of delivering bipolar radiofrequency energy to tissue.

The RhinAer+ Stylus consists of a handle, shaft and treatment tip (see Figure 1). An array of bipolar electrodes is positioned on a non-conductive tip (see Figure 2) which is attached to a handle via a non-conductive shaft. A temperature sensor is located on the tip (see Figure 2) to monitor tissue temperature. The Stylus is attached to a temperature-controlled radiofrequency generator via a flexible cable.

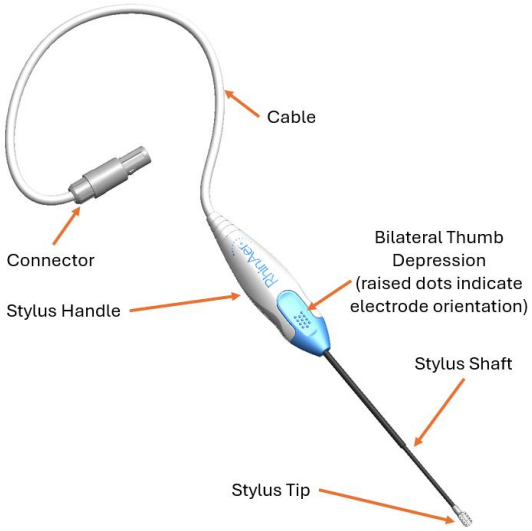

Figure 1: Stylus

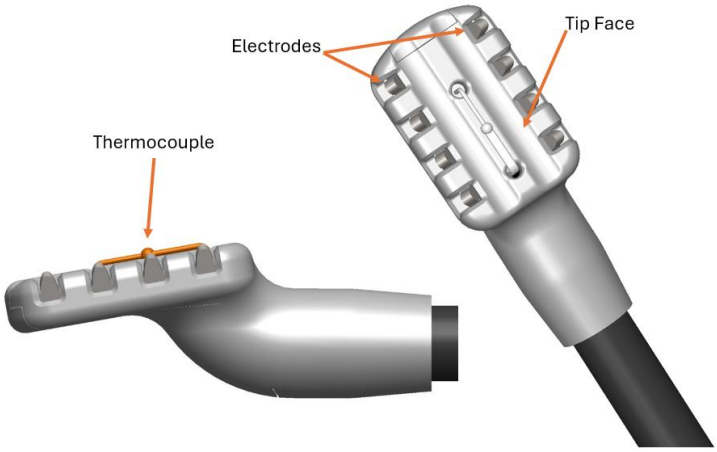

Figure 2: Stylus Tip

The RhinAer+ Stylus treats symptoms of chronic rhinitis by modifying the tissues of the nasal airway through the use of low doses of radiofrequency energy to destroy tissue in the posterior nasal nerve regions. The low-power radiofrequency energy generates heat within the submucosal tissue, destroying local tissue, mucous cells, and glands, and creating a coagulation lesion. This destruction of tissue in posterior nasal nerve regions improves symptoms of chronic rhinitis.

The RhinAer+ Stylus tip is temporarily inserted into the nose to access the treatment area. The procedure requires local anesthesia only.

The Stylus is supplied sterile and for single use only. It is terminally sterilized by ethylene oxide.

ADDITIONAL EQUIPMENT NEEDED

The RhinAer+ Stylus has been designed to be used with an Aerin Console (see Figure 3).

The Aerin Console consists of the following:

- One (1) Aerin Console Unit
- One (1) Power Cord
- One (1) Foot Switch

Refer to the instructions for use (IFU) for the Aerin Console for set-up and operating instructions.

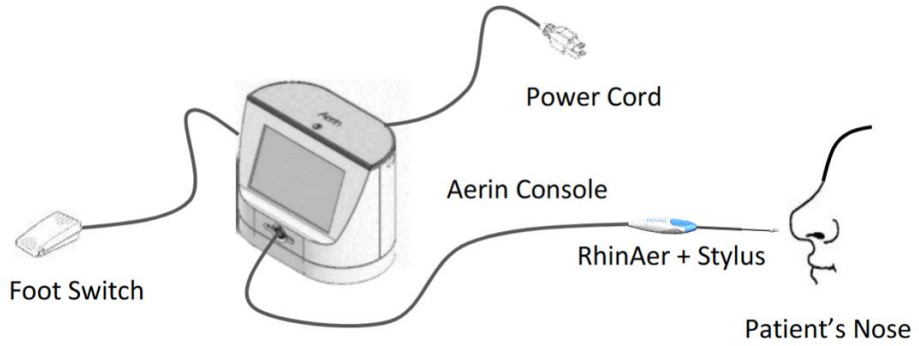

Figure 3: Aerin Console with RhinAer + Stylus

INDICATIONS FOR USE

The RhinAer+ Stylus is indicated for use in otorhinolaryngology (ENT) surgery for the destruction of soft tissue in the nasal airway, including in posterior nasal nerve regions in patients with chronic rhinitis.

INTENDED USER

The intended users of the RhinAer+ Stylus are physicians including otolaryngologists, maxillofacial surgeons and other physicians specialized in nasal procedures.

CONTRAINDICATIONS

- Patients who have had nasal surgery within the last 3 months.
- Patients with extreme nasal pathology or a history of extreme nasal injuries.
- Patients with medical conditions that may impair normal healing processes or be exacerbated by the stress of surgery.

WARNINGS

The RhinAer+ Stylus is for single use only. **Do not resterilize, autoclave, or reuse**. Reuse, reprocessing or resterilization may compromise the structural integrity of the device and/or lead to device malfunction, failure or patient injury, illness or death. Reuse, reprocessing or resterilization may also create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient.

DO NOT USE in patients who have electronic implants such as cardiac pacemakers without first consulting a qualified professional (e.g., cardiologist). A possible hazard exists because interference with the action of the electronic implant may occur, or the implant may be damaged.

DO NOT USE in the presence of flammable anesthetics or oxidizing gases (such as nitrous oxide (N_2O) and oxygen) or in close proximity to volatile solvents (such as ether or alcohol), as explosion may occur.

DO NOT place instruments near or in contact with flammable materials (such as gauze or surgical drapes). Instruments that are activated or hot from use may cause a fire.

When not using instruments, place them in a clean, dry, highly visible area not in contact with the patient. Inadvertent contact with the patient may result in burns.

DO NOT allow fluid to contact the RhinAer+ Stylus cable connector.

INSPECT instruments and cables for damage prior to each use. This may be done visually under magnification or with a high voltage insulation testing device. Insulation failures may result in burns or other injuries to the patient or operator.

DO NOT activate the instrument when not in contact with target tissue, as this may cause injuries due to capacitive coupling.

The surface of the active electrode may remain hot enough to cause burns after the RF current is deactivated.

Connect adaptors and accessories to the electrosurgical unit only when the unit is off. Failure to do so may result in an injury or electrical shock to the patient or operating room personnel.

Treatment reduces the mucous cells and glands, therefore, excessive treatment of the nasal mucosal tissue should be avoided as over use may lead to crusting or dryness of the nose.

DO NOT perform overlapping treatments on target tissue site.

No modification of the RhinAer+ Stylus is allowed, other than instructions described in this document.

PRECAUTIONS

The Stylus shaft should not be bent more than 20 degrees.

The Stylus shaft should not be bent at the proximal edge of the Stylus tip and should not be bent at a location greater than 2 inches from the distal end of the tip.

Bending force should only be applied to the Stylus shaft. Applying any bending force to the Stylus tip could damage or break the Stylus. If the tip is damaged or broken during bending, a new Stylus must be used. Broken or loose tip components may cause a potential choking hazard.

Do not repeatedly bend and straighten the Stylus shaft at the same location as this can weaken the Stylus shaft.

Maintain safe handling techniques when electrodes are in use due to electrical field and potentially hot electrodes.

Do not touch the tip of the RhinAer+ Stylus when operating the Aerin Console. Superficial skin burns could occur.

Simultaneous use of irrigation while activating the RhinAer+ Stylus may alter the path of the electrical energy away from the target tissue.

When high frequency surgical equipment and physiological monitoring equipment are used simultaneously on the same patient, monitoring electrodes should be placed as far as possible from the surgical electrodes. Position the cable to avoid contact with the patient or other leads, where possible.

Inspect all components prior to use for any obvious signs of damage that may have occurred during transit and/or storage.

Do not use the RhinAer+ Stylus if the device is damaged or the unit package is opened or damaged.

The RhinAer+ Stylus uses RF energy for its internal function. Nearby electronic equipment may be affected.

If the user of the RhinAer+ Stylus requires continued operation during power mains interruptions, it is recommended that the Aerin Console to which the Stylus is connected be powered from an uninterruptible power supply or a battery.

Build-up of eschar may reduce the Stylus's effectiveness. Do not initiate treatment while cleaning. Injury to user may result.

Do not insert the Stylus beyond the posterior choanae to avoid unintentional injury of the non-target areas. The Stylus is only intended to treat the submucosal tissues and posterior nasal nerve region of the nasal airway.

This device has not been evaluated in the pediatric population.

Insert the Stylus into the Console with the insertion key facing up. Do NOT twist the Stylus handle into the connector to avoid damage to the device.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY INFORMATION– The Aerin Console has not been evaluated for safety in the MR environment. It has not been tested for heating or unwanted movement in the MR environment. The safety of the Aerin Console in the MR environment is unknown. Performing an MR exam on a person while using this medical device may result in injury or device malfunction.

MAGNET WARNING: Keep this medical device 6 inches (15cm) away from magnetically susceptible medical devices such as cochlear implants, neurostimulators, stents and shunts.

ADVERSE EFFECTS

Common adverse effects related to the use of radiofrequency energy on tissue in the nasal airway include mild bleeding, mucosal necrosis, sensory changes at treatment site, inflammation/generalized redness, temporary swelling/edema, blanching (generalized whiteness), temporary numbness/tingling, bruising including around the orbital area (black eyes), temporary soreness/pain, and disruption of mucosal flow/crusting.

Less common adverse effects include serious bleeding (nosebleed), scar formation with increased obstruction, external deformity, and infection.

Serious nosebleed is rare, but a potential side effect, and may be increased if the patient has a clotting disorder, uncontrolled high blood pressure, or uses anticoagulants or blood thinners.

Serious bleeding requiring surgery or endovascular intervention may occur **as late as 2 months** following treatment with RhinAer+ Stylus.

OPERATING INFORMATION

Set-up Instructions:

1. Set-up the Aerin Console per the instructions in the Aerin Console IFU and plug the Aerin Console's power cord into an appropriate power outlet.
2. Turn on the Aerin Console and inspect the system for any error message or alarm.
3. Inspect the Foot Switch connection and ensure proper connection.
4. Prepare the patient using standard techniques for bipolar electro-surgery including cleaning the treatment site and administering anesthesia as appropriate.
5. Insulate the patient's entire body, including extremities, against contact with grounded metal parts.
6. Following the Check-Out Procedures listed below, remove the Stylus from its package and hand off to the sterile field using sterile technique as applicable.
7. Pass the connector end of the cable out of the sterile field and connect the Stylus to the Stylus connector located at the front panel of the Aerin Console.
   NOTE: Insert the Stylus into the Console with the insertion key facing up. Do NOT twist the Stylus handle into the connector to avoid damage to the device.
8. The Aerin Console will detect the Stylus Model and will automatically apply the treatment settings (Temperature: 60°C, Power: 4 watts, and Duration: 12 seconds).

Check-out Procedures:

9. Inspect the Stylus package prior to opening. Confirm the Stylus is within its expiration date. Do not use if the unit is expired or package is opened or damaged.
10. Use sterile technique to carefully remove the Stylus from the packaging. Inspect the Stylus to ensure that the device has no visible signs of damage.

Cleaning Instructions:

11. RhinAer+ Stylus: No cleaning is necessary prior to first use. Inspect the electrodes between treatments for eschar or material build-up; if necessary, gently wipe the tip with sterile gauze.
    CAUTION: Build-up of eschar may reduce the Stylus's effectiveness. Do not initiate treatment while cleaning. Injury to user may result.
12. Aerin Console: Refer to the instructions in the Aerin Console IFU.

Bending Instructions:

13. The RhinAer+ Stylus may be bent within 2 inches of the distal end in the bendable area, if necessary, to access the target treatment area. (see **Figure 4**)

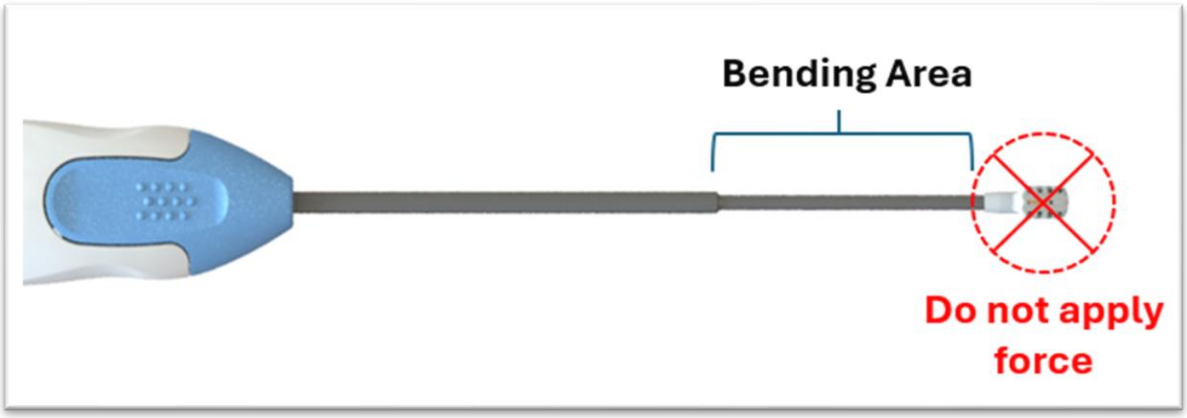

Figure 4: Bending Location

14. Via endoscopic exam of the patient, determine the angle and location needed to bend the Stylus to access the target area.

15. Holding the Stylus shaft with both hands, slowly bend in the direction the electrodes are facing to the desired angle at the desired bend location (see **Figure 5**). **Do not hold the tip while bending the Stylus as damage can occur.**

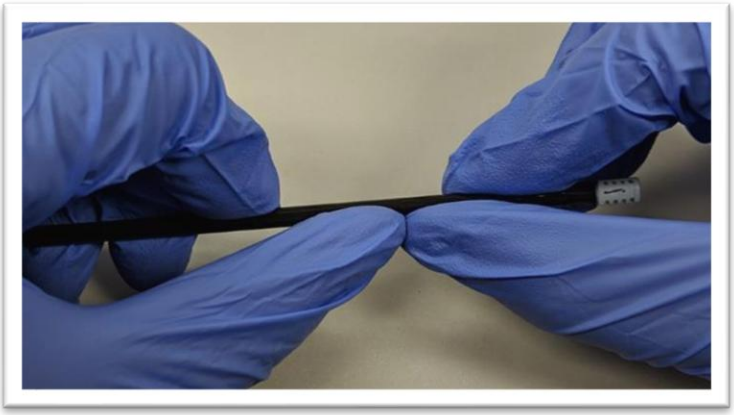

Figure 5: Proper Bending Technique

CAUTION: Do not apply force to the handle or tip during bending. The shaft should not be bent more than 20 degrees. Repeated bending could result in a weakened shaft.

16. Use the diagram below (see **Figure 6**) for the bend angle and bendable area.

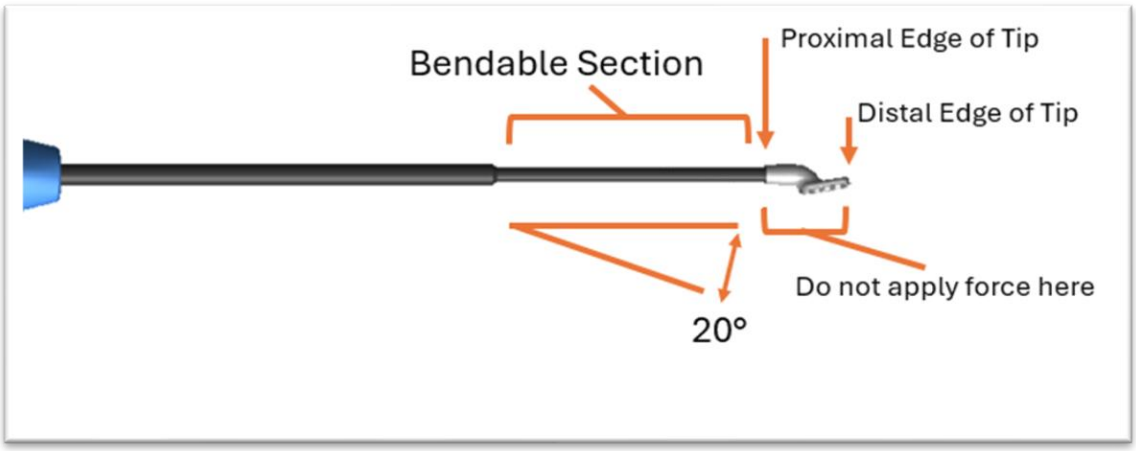

Figure 6: Bending Diagram

WARNING: Risk of Tip Damage and Choking Hazard
Do not apply excessive force to the Stylus tip, as this may cause damage or breakage. A broken or loose tip may pose a potential choking hazard if dislodged during the procedure.

17. Inspect the Stylus tip before use. Do not use if any damage is observed.

Operating Instructions:

18. Apply conductive media (e.g., saline gel) to the Stylus tip, then insert the tip into the nose. Do not activate the Stylus during insertion.
    CAUTION: Do not insert the Stylus beyond the posterior choanae to avoid unintentional injury of the non-target areas. The Stylus is only intended to treat the submucosal tissues and posterior nasal nerve region of the nasal airway.
19. The target area is the mucosa overlying the Posterior Nasal Nerve (PNN) region located on the lateral wall of the posterior middle meatus and including the posterior portion of the inferior turbinate.
20. Position the electrode-containing portion of the tip of the Stylus against the target tissue of the nasal airway and exert gentle pressure. The orientation of the electrodes may be verified by the raised dots located on one side of the Bilateral Thumb Depression on the Stylus handle. Refer to Figure 1.
21. Press and hold the Foot Switch or the On-Screen Start Button to start the treatment. Releasing the Foot Switch/Start Button will pause the treatment, and the treatment will completely stop if the Foot Switch/Start Button is not pressed within 2 seconds.
22. Apply consistent pressure with the Stylus against the tissue for the entire duration of the treatment.
23. The treatment duration countdown timer will be displayed with a visual indicator of the overall treatment progress.
24. Remove the Stylus tip from the treatment area. Inspect the electrodes for eschar or material build-up; if necessary, gently wipe the tip with sterile gauze.
    CAUTION: Build-up of eschar may reduce the Stylus's effectiveness. Do not initiate treatment while cleaning. Injury to user may result.

25. Repeat steps 17 through 23 to treat additional non-overlapping sites within the target area of the same nostril and/or the contralateral nostril as necessary.
26. Tissue blanching will be observed in the "footprint" of the tip face. Adjacent, non-overlapping treatments should be made by aligning the tip face with the edge of the blanching. **DO NOT overlap treatments.**
    WARNING: Treatment reduces the mucous cells and glands, therefore, excessive treatment of the nasal mucosal tissue should be avoided as over use may lead to crusting or dryness of the nose.
    CAUTION: Do not perform treatments on adjacent opposing surfaces, such as at the apex of adjacent tissue surfaces.

Monitoring of the Device:

27. During treatment, the Aerin Console should be monitored for any error message or alarm. Discontinue treatment if an error message or alarm occurs. Refer to Aerin Console IFU for error message or alarm interpretation.

Description of Maintenance:

28. The Stylus is for single use only. No maintenance is required.
29. Aerin Console: Refer to the instructions in the Aerin Console IFU.

Storage Instructions:

30. The Stylus should be stored in their packaging. Do not stack heavy objects on the shipping boxes and/or sterile packaging.
31. Aerin Console: Refer to the instructions in the Aerin Console IFU.

Safe Disposal of the Device:

32. The Stylus should be disposed of in accordance with applicable local and national legislation procedures and requirements.

TROUBLESHOOTING INFORMATION

If the Stylus malfunctions for any reason, discontinue use and obtain a new Stylus to complete the procedure. If the Aerin Console malfunctions, refer to its Instructions for Use.

PERMISSIBLE TRANSPORT AND USAGE CONDITIONS

Parameters	Transport	Usage
Temperature	-18°C to 60°C	10°C to 40°C
Relative Humidity	15% to 90%	Max 80% non-condensing
Pressure	N/A	18.7kPa to 101.3kPa

ELECTROMAGNETIC COMPATIBILITY

GUIDANCE AND MANUFACTURER'S DECLARATION - ELECTROMAGNETIC EMISSIONS		
The RhinAer+ Stylus is intended for use in the electromagnetic environment specified below. The user of the RhinAer+ Stylus should ensure that it is used in such an environment.		
Emission Test	**Compliance Level**	**Electromagnetic Environment Guidance**
RF emissions CISPR 11	Group 1	The RhinAer+® Stylus uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to

		cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class A	The RhinAer+® Stylus is suitable for use in all establishments, including domestic establishments and those directly connected to the public low voltage power supply network that supplies buildings used for domestic purposes.
Harmonic emissions IEC 61000-3-2	Class A	
Voltage Fluctuations/Flicker emissions IEC 61000-3-3	Complies	

GUIDANCE AND MANUFACTURER'S DECLARATION - ELECTROMAGNETIC IMMUNITY			
The RhinAer+ Stylus is intended for use in the electromagnetic environment specified below. The user of the RhinAer+ Stylus should ensure that it is used in such an environment.			
Immunity Test	**IEC 60601 Test Level**	**Compliance Level**	**Electromagnetic Environment Guidance**
Electrostatic discharge (ESD) IEC 61000-4-2	±8 kV contact ±15 kV air	±8 kV contact ±15 kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical domestic, commercial or hospital environment.
Surge IEC 61000-4-5	±1 kV differential mode ±2 kV common mode	±1 kV differential mode ±2 kV common mode	Mains power quality should be that of a typical domestic, commercial or hospital environment.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	UT = 0%, 0.5 cycle (0, 45, 90, 135, 180, 225, 270 and 315°) UT = 40%; 10 cycles UT = 70%; 25 cycles UT = 0%; 250 cycles	< UT = 0%, 0.5 cycle (0, 45, 90, 135, 180, 225, 270 and 315°) UT = 40%; 10 cycles UT = 70%; 25 cycles UT = 0%; 250 cycles	Mains power quality should be that of a typical domestic, commercial or hospital environment. If the user of the RhinAer+ Stylus requires continued operation during power mains interruptions, it is recommended that the RhinAer+ Stylus be powered from an uninterruptible power supply or a battery.
(50/60 Hz) magnetic field IEC 61000-4-8	30 A/m	30 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical domestic, commercial or hospital environment.
Conducted RF IEC 61000-4-6	3 Vrms & 6 Vrms 150 kHz to 80 MHz	3 Vrms & 6 Vrms 150 kHz to 80 MHz	Portable and mobile RF communications equipment should be used no closer to any part of the RhinAer+ Stylus, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. **Recommended separation distance** $d = 1.2\sqrt{P}$ $d = 1.2\sqrt{P}$ 80 MHz to 800 MHz $d = 2.3\sqrt{P}$ 800 MHz to 2.7 GHz
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2.7 GHz Spot frequencies 385MHz – 5.750 GHz Pulse Modulation	3 V/m 80 MHz to 2.7 GHz Spot frequencies 385MHz – 5.750 GHz Pulse Modulation	

			where *P* is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and *d* is the recommended separation distance in meters (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey [a], should be less than the compliance level in each frequency range. [b] Interference may occur in the vicinity of equipment marked with the following symbol: 

NOTE 1 *U*T is the a.c. mains voltage prior to application of the test level.
NOTE 2 At 80 MHz and 800 MHz, the higher frequency range applies.
NOTE 3 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

[a] Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the RhinAer+ Stylus is used exceeds the applicable RF compliance level above, the RhinAer+ Stylus should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as re-orienting or relocating the RhinAer+ Stylus.

[b] Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m.

RECOMMENDED SEPARATION DISTANCES BETWEEN PORTABLE AND MOBILE RF COMMUNICATIONS EQUIPMENT AND THE RhinAer+ STYLUS

The RhinAer+ Stylus is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The user of the RhinAer+ Stylus can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the RhinAer+ Stylus as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter (W)	**Separation distance according to frequency of transmitter (m)**		
	150 kHz to 80 MHz $d = 1.2\sqrt{P}$	**80 MHz to 800 MHz** $d = 1.2\sqrt{P}$	**800 MHz to 2.7 GHz** $d = 2.3\sqrt{P}$
0.01	0.12	0.12	0.23
0.1	0.38	0.38	0.73
1	1.2	1.2	2.3
10	3.8	3.8	7.3
100	12	12	23

For transmitters rated at a maximum output power not listed above, the recommended separation distance *d* in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where *P* is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.
NOTE 1 At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.
NOTE 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

Conforms to IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012, IEC 60601-1:2005/AMD2:2020, IEC 60601-1-6:2010, IEC 60601-1-6:2010/AMD1:2013, IEC 60601-1-6:2010/AMD2:2020 for use in conjunction with IEC 62366-1:2015, IEC 62366-1:2015/AMD1:2020, IEC 60601-2-2:2017, and IEC 60601-2-2:2017/AMD1:2023 for use in conjunction with IEC 60601-1:2005.

CALIFORNIA PROPOSITION 65 WARNING

WARNING: This product contains a chemical known to the State of California to cause cancer.

WARNING: This product contains a chemical known to the State of California to cause birth defects or other reproductive harm.

DEFINITIONS OF SYMBOLS USED

	Sterilized using ethylene oxide, single sterile barrier system
	Batch code
	Do not re-use
	Caution
	Manufacturer
	Country and date of manufacture
	Use-by date
	Model number
	Catalogue number
	Quantity
	Consult instructions for use
	Do not resterilize
	Do not use if package is damaged
	Type BF applied part
	Temperature Limit
	Humidity Limitation
Rx ONLY	Caution: Federal law restricts this device to sale by or on the order of a physician.

SUMMARY OF CLINICAL INFORMATION FOR THE RHINAER+ STYLUS

Clinical Studies in Subjects with Chronic Rhinitis

Aerin Medical has published results for 3 sponsored studies evaluating the performance of the RhinAer Stylus in patients with Chronic Rhinitis with outcomes reported through 3 years.

- Ehmer D, McDuffie CM, McIntyre JB, et al. Long-term Outcomes Following Temperature-Controlled Radiofrequency Neurolysis for the Treatment of Chronic Rhinitis. *Allergy & Rhinology*. 2022;13:1-8. https://doi.org/10.1177/21526575221096045
- J. P. Stolovitzky, R. A. Ow, S. L. Silvers, et al. 3-Year Outcomes of Temperature-Controlled Radiofrequency Ablation of the Posterior Nasal Nerve in Patients with Chronic Rhinitis. *International Forum of Allergy & Rhinology.* 2025;15(9), 915–925. https://doi.org/10.1002/alr.23577
- Lee JT, Abbas GM, Charous DD, et al. Three-Year Outcomes After Temperature-Controlled Radiofrequency Ablation of the Posterior Nasal Nerve for Chronic Rhinitis. *American Journal of Rhinology & Allergy*. 2025;39(6):398-409. https://doi.org/10.1177/19458924251360889

Clinical Study in Subjects with Chronic Rhinitis and Migraine

BACKGROUND

Chronic rhinitis and migraine are both common, heterogeneous, symptomatic disorders (Martin et al., 2014). Many patients with chronic rhinitis also report migraine symptoms, reflecting a clinically relevant overlap between the two conditions (Ferretti et al., 2023). Based on this relationship, a clinical study was conducted in a population of chronic rhinitis patients who also had comorbid migraine. Study design and primary outcome measures are summarized below.

STUDY DESIGN OVERVIEW

This prospective, multicenter, single arm observational study evaluated the effect of temperature controlled radiofrequency ablation of the posterior nasal nerve (PNN) region using the RhinAer Stylus on chronic rhinitis patients with comorbid migraine.

Adult subjects with chronic rhinitis and comorbid migraine were enrolled if they met the International Headache Society criteria for chronic migraine (ICHD3 code 1.3; IHS, Olesen 2018), demonstrated pain relief following topical sphenopalatine ganglion block, and had no active sinus disease (Lund-McKay Score < 6). Following application of intranasal topical anesthesia, RhinAer treatments were applied bilaterally to the PNN area according to the device's Instructions for Use.

Chronic rhinitis and migraine outcomes were evaluated using the following measures:

- Reflective Total Nasal Symptom Score (rTNSS)
- Monthly Migraine Headache Days (MMHD)
- Migraine-related Disability (MIDAS)

Outcomes were compared with baseline at 3, 6, and 12-month follow-up visits. Safety was evaluated through analysis of adverse events related to the device or procedure from screening through study completion.

STUDY OUTCOMES

Thirty-eight (38) subjects were enrolled at 8 US sites and successfully completed treatment with the RhinAer Stylus and the 3-month study follow-up visit, 36 subjects completed the 6-month study follow-up visit, and 16 completed their 12-month study follow-up visit. Eighteen subjects have study follow-up ongoing.

Chronic Rhinitis Symptoms

Chronic Rhinitis symptoms were measured using the mean reflective Total Nasal Symptom Score (rTNSS). Following study treatment, rTNSS scores were reduced from baseline at 3-, 6-, and 12-months (Table 1). These improvements in rTNSS scores through 12 months are consistent with previously reported outcomes of temperature-controlled radiofrequency posterior nasal nerve (PNN) ablation using the RhinAer Stylus, including long-term reductions in nasal congestion and rhinorrhea.

Table 1: rTNSS Change and Percent Change from Baseline

	Baseline (N=38)	**3 months** (N=38)	**6 months** (N=36)	**12 months** (N=16)
rTNSS score[a] 95% CI	5.4 (4.6 to 6.3)	2.9 (2.1 to 3.7)	2.9 (2.0 to 3.8)	1.9 (1.0 to 2.9)
LS Mean Change from BL (95% CI for LS Mean)		-2.6 (-3.3 to -2.0)	-2.6 (-3.3 to -2.0)	-3.5 (-4.6 to -2.5)
% Reduction (Improvement)		**27.8%**	**52.3%**	**68.2%**

Abbreviations: CI = confidence intervals; LS = least squares; N = number of subjects

[a]A total of 41 subjects were enrolled and treated with RhinAer; 3 subjects with vasomotor symptoms and migraine episodes without a documented history of chronic rhinitis were excluded from the analysis population (N=38). Of these, 38 subjects completed the 3-month visit, 36 completed the 6-month visit, and 16 completed the 12-month visit; 1 subject was lost to follow-up & 1 subject was pending follow-up at 6-months, 4 declined participation in the 12-month extension, and 18 subjects had ongoing follow-up.

Monthly Migraine Headache Days (MMHD)

Monthly migraine headache days (MMHD) were recorded by the subjects in a daily headache diary. Changes in mean MMHD at 3, 6, and 12 months were compared to baseline to evaluate response to treatment. Reductions in MMHD were observed at all follow-up visits through 12 months compared to baseline (Table 2).

Table 2: Mean MMHD Change and Percent Change from Baseline

Migraine Occurrence	Baseline (N=38)	3 Months (N=38)	6 Months (N=35)	12 Months (N=16)
Mean MMHD[a,b] 95% CI	10.8 (8.7 to 13.0)	3.8 (1.9 to 5.7)	4.2 (2.2 to 6.2)	2.9 (0.9 to 4.8)
LS Mean Change from BL (95% CI for LS Mean)		-7.0* (-8.5 to -5.5)	-6.8 (-8.3 to -5.3)	-6.6 (-8.5 to -4.8)
% Reduction in MMHD (Improvement)		**68.5%**	**66.8%**	**68.9%**

Abbreviations: MMHD = monthly migraine headache days; CI = confidence intervals; LS = least squares; N = number of subjects

[a]Primary endpoint: reduction in mean monthly migraine headache days (MMHD) from baseline to 3 months; *p < 0.001.*

[b]A total of 41 subjects were enrolled and treated with RhinAer; 3 subjects with vasomotor symptoms and migraine episodes without a documented history of chronic rhinitis were excluded from the analysis population (N=38). Of these, 38 subjects completed the 3-month visit, 35 completed the 6-month visit (2 subject not evaluated for MMHD due to lack of minimum data entries required & 1 subject was pending follow-up at 6-months), and 16 completed the 12-month visit; 4 declined participation in the 12-month extension, and 18 subjects had ongoing follow-up.

Migraine Disability Assessment (MIDAS)

Migraine-related disability was evaluated using the Migraine Disability Assessment (MIDAS) questionnaire, which asks participants to report the number of days in the previous three months during which migraines limited normal activities. Higher scores indicate greater disability. Reductions in MIDAS scores, reflecting decreases in migraine-related disability were observed at all follow-up visits through 12 months (Table 3).

Table 3: MIDAS Scores Change and Percent Change from Baseline

Migraine Disability	Baseline (N=38)	3 months (N=38)	6 months (N=36)	12 months (N=16)
MIDAS score[a] 95% CI	68.3 (51.0 to 85.6)	16.4 (6.2 to 26.7)	19.2 (3.2 to 35.2)	15.8 (2.6 to 29.0)
LS Mean Change from BL (95% CI for LS Mean)		-50.6 (-63.2 to -38.1)	-47.3 (-60.1 to -34.5)	-46.4 (-62.3 to -30.5)
% Reduction (Improvement)		**76.2%**	**68.8%**	**75.3%**

Abbreviations: CI = confidence intervals; LS = least squares; N = number of subjects

[a]A total of 41 subjects were enrolled and treated with RhinAer; 3 subjects with vasomotor symptoms and migraine episodes without a documented history of chronic rhinitis were excluded from the analysis population (N=38). Of these, 38 subjects completed the 3-month visit, 36 completed the 6-month visit, and 16 completed the 12-month visit; 1 subject was lost to follow-up & 1 subject was pending follow-up at 6-months, 4 declined participation in the 12-month extension, and 18 subjects had ongoing follow-up.

Adverse Events

A total of 15 related adverse events (AEs) that had some relationship to the procedure or device were reported in 12 subjects. The reported adverse events included: post-procedure pain (9), sinusitis (2), nosebleed (1), headache (1), migraine (1), and one serious adverse event of intranasal hypoaesthesia. Most adverse events occurred within two weeks following the procedure and resolved without intervention. Overall, adverse events were mild, transient, and consistent with the established safety profile of the RhinAer Stylus.

CONCLUSION

Results from this clinical study suggest that use of the RhinAer Stylus in patients with chronic rhinitis and comorbid migraine was associated with observed improvements in migraine-related outcomes.

REFERENCES

Martin, V. T., Fanning, K. M., Serrano, D., et al. Chronic Rhinitis and its Association with Headache Frequency and Disability in Persons with Migraine: Results of the American Migraine Prevalence and Prevention (AMPP) Study. *Cephalalgia*. 2014;34(5), 336–348. https://doi.org/10.1177/0333102413512031

Ferretti A, Gatto M, Velardi M, et al. Migraine, Allergy, and Histamine: Is There a Link? *J Clin Med*. 2023;12(10):3566. https://doi.org/10.3390/jcm12103566

Olesen, J. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018;38(1), 1–211. https://doi.org/10.1177/0333102417738202

LIMITED WARRANTY

The RhinAer+ Stylus is designed for single patient use and is warranted against manufacturing defects at the time of delivery. All questions, complaints, and concerns should be directed to your Aerin Medical sales representative.