



THE VA HOSPITAL EXPERIENCE WITH DR. MEHA FOX AND DR. ALEX CHOI

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Dr. Meha Fox

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Q: Why did you adopt RhinAer® and VivAer® to treat your patients?

Dr. Meha Fox: Many patients experience excessive nasal drainage. This can happen for several reasons, including allergies. For patients that don't benefit from medical treatments, RhinAer offers a minimally invasive, and effective, treatment option. Similarly, VivAer offers a minimally invasive option for patients with nasal obstruction. We can do these procedures in the office with minimal side effects. People can drive themselves to and from the appointment. They don't have to take time off from work to recover from anesthesia, and pain is minimal.

Q: How have RhinAer and VivAer benefited your veteran patients at the Michael E. DeBakey Veterans Affairs Medical Center?

Dr. Meha Fox: Both procedures give us minimally invasive treatment options for common problems that our veterans suffer from. Many of the patients undergoing RhinAer are also older with multiple medical problems. These procedures give us a treatment option that does not require general anesthesia and a several-hour surgery, which some of our patients cannot safely undergo.

Q: How have RhinAer and VivAer been used to enhance your residents' training? Can you share any examples?

Dr. Meha Fox: The ability to teach our residents how to do in-office procedures on awake patients is unique. Learning how to keep a patient comfortable while effectively completing the procedure is a skill that many doctors learn after training. I work closely with the residents to do these procedures. I teach them bedside manner, which is critical to a patient-physician relationship. This experience teaches them how to effectively do minimally invasive procedures while keeping the patient comfortable. Doing these procedures on an awake patient requires additional technical skill, which directly translates into their skills in the operating room where they are working with similar equipment. One resident shared that his hand-eye coordination is better when he is operating, which is a direct result of the work he did with me in these in-office procedures.

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Q: What advice do you have for ENTs looking to add RhinAer and VivAer to their practice?

Dr. Meha Fox: Any time I consider doing something new, I read the primary literature (studies) and watch videos. I talk to other people that have done the procedure. I convince myself that it is a good treatment. Once I've decided to embark on the journey, I make sure I have all the equipment and an extra set of hands to help me. Aerin provides support for physicians, and I encourage that a representative be present for the first few procedures, if the patient is comfortable with it, to help troubleshoot and train you and your staff. Aerin also offers educational Physician Summits. It is always easier to trial new procedures in the OR, so if you have the opportunity to do one in the OR, take it. For your first awake patient, pick someone who is relaxed during the nasal endoscopy and has favorable anatomy (no bad septal deviations). Take your time and be the calming force in the room. A good numbing agent (I use tetracaine or 4% lidocaine) goes a long way.



Dr. Alex Choi

Q: How has using RhinAer and VivAer impacted your Residency training and other co-residents at Baylor?

Dr. Alex Choi: The otolaryngology residents at the Baylor College of Medicine have integrated RhinAer and VivAer in the armamentarium of treatment for chronic rhinitis and nasal airway obstruction. This has allowed us the opportunity to perform procedures in clinic, on awake patients, to provide a significant benefit for their nasal issues. Typically, this is done by a junior resident, with assistance from an upper-level resident and faculty. This early exposure to nasal endoscopy portends efficiency and comfort with both the instrumentation and anatomy of the nose. There is also an art to clinic procedures with the development of a calm bedside manner, proficiency in application of topical anesthetic agents, and expediency in performing the procedure. In addition, in any residency program, the natural transition from proficiency in performing the procedure to teaching the procedure is a key component of our progression. This progression is well represented in our use of RhinAer/VivAer.

Q: What has been the response from the patients you've treated with RhinAer and VivAer?

Dr. Alex Choi: Overall, the response to patients treated with RhinAer and VivAer has been positive. There is an element of patient selection that needs to be emphasized. Our patients are veterans who have been through significant combat or traumatic exposures. This may lead to the development of anxiety or anatomic changes in the nasal cavity that may make the procedure more difficult. Given this, it is imperative that prior to performing the procedure, the patient undergo rigid nasal endoscopy in clinic to assess their ability to tolerate that portion of the procedure and ensure that the region of the posterior nasal nerve can be visualized comfortably during endoscopy for RhinAer. In addition, identifying the patient's main complaint, counseling the patient on what to expect during the procedure, providing them with reading material for their own research, and setting expectations are key components to developing a strong rapport with the patient and equally essential in-patient selection for RhinAer and VivAer. Given that, the veterans have overall expressed appreciation towards the expediency of the procedure and the results.

Q: What guidance would you share with residents who want to gain experience treating NAO or chronic rhinitis patients?

Dr. Alex Choi: As a resident at the Baylor College of Medicine Department of Otolaryngology, I have been very fortunate to have faculty and leadership who are inquisitive, knowledgeable, and accepting of innovation that could provide improved patient care. At the VA, we have a dedicated allergy/rhinology/facial plastics day of clinic and surgeries. We are exposed to the entire range of new patients who have yet to start any nasal therapies to those who have had multiple reconstructive nasal/sinus surgeries. During this day, we discuss these patients with the faculty of those respective subspecialties, which allows us to develop our own treatment algorithm, including the application of RhinAer and VivAer. If a patient is deemed a candidate, the residents are fortunate to have hands-on experience with RhinAer and VivAer to treat chronic rhinitis and NAO. We also get to see the results of our interventions, which is a special experience. I would encourage all residents to first read the literature regarding treatment options for both chronic rhinitis and NAO. Pick the brains of your attendings. Don't shy away from these patients in the clinic. Lastly, attend large otolaryngology meetings and see what others are doing across the country.

Q: How do you think this hands-on training with RhinAer and VivAer will help once you and the other residents get into practice?

Dr. Alex Choi: I think being skilled at an in-clinic procedure is beneficial to marketing yourself when preparing to go into practice. Nasal congestion and chronic rhinitis are issues that plague a significant population. For patients tired of continued nasal spray use, who want to avoid the operating room and its associated costs and recovery time, this could be a treatment option for them. Being adept at RhinAer and VivAer puts you at an advantage when in practice.



The VivAer® Stylus is indicated for use in otorhinolaryngology (ENT) surgery for the coagulation of soft tissue in the nasal airway, to treat nasal airway obstruction by shrinking submucosal tissue, including cartilage in the internal nasal valve area.



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.

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