

Medical Management and Treatment:

INNER EAR PROBLEMS

Hearing Loss
Vertigo & balance disorders
Ringing in ears (tinnitus)

MIDDLE EAR PROBLEMS

Fluid/recurrent infections
Ear tubes
Ear drum perforations
Disorders of the hearing bones

EXTERNAL EAR

Congenital deformities (lop ear, pits)
Cysts and tumors
Skin cancers
Ear wax
External ear canal problems

HEAD AND NECK SURGERY

Treatment of thyroid and parathyroid tumors
Tumors of the salivary glands
Skin tumors
Tumors of the mouth and voice box

NOSE AND SINUS DISORDERS

Recurrent sinus infections
Sinus surgery
Nasal obstruction
Nasal polyps
Nosebleeds
Post traumatic nasal surgery
Cosmetic nasal surgery

THROAT DISORDERS

Recurrent sore throats
Tonsillectomy and Adenoidectomy
Swallowing problems
Hoarseness
Vocal nodules
Tumors of the voice box
Throat cancer

SLEEP DISORDERS

Diagnosis and treatment of sleep apnea
Treatment of upper airway obstruction
Snoring

Caring Service with Quality Expertise.

Dedicated to treating problems
of the Ear, Nose, Throat, and Sinuses



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(941) 371-2244
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WHAT IS OTOLARYNGOLOGY?

Otolaryngology is the oldest medical specialty in the United States. Otolaryngologists are physicians trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck for both adults and pediatric patients. They are commonly referred to as ENT physicians. Otolaryngologists undergo extensive training with completing up to 15 years of college and post-graduate training. In addition, some otolaryngologists pursue a one- or two- year fellowship for more extensive training in one of seven subspecialty areas.

What types of medical problems does Shea ENT Clinic Treat?

The Ears – The medical and surgical treatment of hearing loss, ear infections, balance disorders, ear noise (tinnitus), nerve pain, and facial and cranial nerve disorders

The Nose – Care of the nasal cavity and sinuses, including sinus disease, allergies, nosebleeds, and nasal deformities, both medical and cosmetic

The Throat –manage tonsils and adenoid infections, diseases of the larynx (voice box) and esophagus including voice and swallowing disorders, airway problems including obstructive sleep apnea and snoring

The Head and Neck –treat infectious diseases of the head and neck area, both benign and malignant tumors including the thyroid, facial trauma, and deformities of the face, both cosmetic and reconstructive.



MEET DR. ROGER SHEA, MD, FAAP

Roger Shea, MD was a Manatee High School graduate that decided to locate his practice here in Sarasota after pursuing his medical degree. He obtained his medical degree from Medical University of South Carolina and did his internship at the University of Miami - Jackson Memorial Hospital in general surgery. He completed his residency in Otolaryngology - Head and Neck Surgery also at the University of Miami.



MEET DR. PATRICIA ANDERSON MCCARTHY, AU.D., CCC-SLP/A

Patricia Anderson McCarthy, Au.D., CCC-SLP/A attended University of Florida for her bachelors degree as well as a M.Ed. She then followed with completing a Speech Pathology Fellowship at Duke University Medical Center. She then returned to obtain her audiology degree at the University of Florida. She had been with Shea Clinic as a Audiologist and Speech Pathologist since 1997.

Dr. McCarthy is a professional who diagnoses, treats, and manages individuals with hearing loss or balance problems. She will determine appropriate patient treatment of hearing and balance problems by combining a complete history with a variety of specialized auditory and vestibular assessments. Based upon the diagnosis, Dr. McCarthy presents a variety of treatment options to patients with hearing impairment or balance problems. In addition, she dispenses and fit hearing aids as part of a comprehensive program.

Types of hearing loss:

CONDUCTIVE HEARING LOSS happens when there is a problem with a part of the outer or middle ear not functioning properly. Most kids with conductive hearing loss have a mild hearing loss and it is usually temporary as medical treatment can help.

SENSORY HEARING LOSS happens when the cochlea is not working correctly because the tiny hair cells in the cochlea are damaged or destroyed. It can affect one or both ears. Depending on the loss, a kid may be able to hear most sounds but they would be muffled (a mild loss), some sounds slightly (a moderate loss), or no sounds at all (a severe to profound loss), This can affect a child's ability to talk, and is almost always permanent loss.

MIXED HEARING LOSS is a combination of conductive and sensory hearing loss.

NEURAL HEARING LOSS happens when there is a problem with the connection from the cochlea to the brain with the nerves.

OUR AUDIOLOGY SERVICES INCLUDE:

- Comprehensive Diagnostic Hearing Evaluation
- Pediatric Hearing Evaluation
- Auditory Brainstem Response Testing (ABR)
- Balance Testing
 - o Electronystagmography
 - o Dix Hallpike and Canalith Repositioning Maneuvers
- Otoacoustic Emission Testing (OAEs)
- Assistive Listening Devices
- Immittance Testing
- Hearing Protection
- Hearing Aid Consultation and Evaluation
- Dispensing of a variety of hearing aids to appropriately fit each patient's needs

EAR DIAGNOSTICS

Hearing loss may affect one or both ears, and a person may be able to hear some sounds or nothing at all. About two out of 100 babies are born with hearing impairment. Six out of 100 school-age kids develop some kind of hearing loss.

Auditory Brainstem Response (ABR) Test

using small electrodes to determine the function of the auditory (hearing) nerve

Electronystagmography (ENG) Test

that determines how well eyes, inner ear, and vestibular nerve are maintaining balance



Otoacoustic Emission Testing (OAE) A specific test of the inner ear to determine its response to sound

ABOUT TINNITUS

I sometimes hear ringing in my ears. Is this unusual?

Not at all. Tinnitus is the name for these head noises, and they are very common. Nearly 36 million Americans suffer from this discomfort. Tinnitus may come and go, or you may be aware of a continuous sound. It can vary in pitch from a low roar to a high squeal or whine, and you may hear it in one or both ears. When the ringing is constant, it can be annoying and distracting. More than seven million people are afflicted so severely that they cannot lead normal lives.

Most tinnitus comes from damage to the microscopic endings of the hearing nerve in the inner ear. The health of these nerve endings is important for acute hearing, and injury to them brings on hearing loss and often tinnitus. If you are older, advancing age is generally accompanied by a certain amount of hearing nerve impairment and tinnitus. If you are younger, exposure to loud noise is probably the leading cause of tinnitus, and often damages hearing as well.

There are many causes that include: a small plug of wax in the ear canal, otosclerosis, allergy, high or low blood pressure, a tumor, diabetes, thyroid problems, injury to the head or neck, and medications such as anti-inflammatories, antibiotics, sedatives, antidepressants, and aspirin.

What are some tinnitus treatment options?

- Alternative treatments
- Amplification (hearing aids)
- Cochlear implants or electrical stimulation
- Cognitive therapy
- Drug therapy
- Sound therapy
- TMJ treatment

Treatment will be quite different in each case of tinnitus. It is important to see an otolaryngologist to investigate the cause of your tinnitus so that the best treatment can be determined.

ABOUT EAR INFECTION (OTITIS MEDIA)

What Is Otitis Media?

Otitis media means inflammation of the middle ear. The inflammation occurs as a result of a middle ear infection. It can occur in one or both ears. Otitis media is the most frequent diagnosis recorded for children who visit physicians for illness. It is also the most common cause of hearing loss in children.

Although otitis media is most common in young children, it also affects adults occasionally. It occurs most commonly in the winter and early spring months.

Is it serious?

Yes, it is serious because of the severe earache and hearing loss it can create. Hearing loss, especially in children, may impair learning capacity and even delay speech development. However, if it is treated promptly and effectively, hearing can almost always be restored to normal.

Otitis media is also serious because the infection can spread to nearby structures in the head, especially the mastoid. Thus, it is very important to recognize the symptoms (see list) of otitis media and to get immediate attention from your doctor.

What causes otitis media?

Blockage of the Eustachian tube during a cold, allergy, or upper respiratory infection and the presence of bacteria or viruses lead to the accumulation of fluid (a build-up of pus and mucus) behind the eardrum. This is the infection called acute otitis media. The build up of pressurized pus in the middle ear causes earache, swelling, and redness. Since the eardrum cannot vibrate properly, you or your child may have hearing problems.

Sometimes the eardrum ruptures, and pus drains out of the ear. But more commonly, the pus and mucus remain in the middle ear due to the swollen and inflamed Eustachian tube. This is called middle ear effusion or serous otitis media. Often after the acute infection has passed, the effusion remains and becomes chronic, lasting for weeks, months, or even years. This condition makes one subject to frequent recurrences of the acute infection and may cause difficulty in hearing.



What are the symptoms of Otitis Media?

IN INFANTS AND TODDLERS

LOOK FOR:

- Pulling or scratching at the ear, especially if accompanied by the following...
 - Hearing problems
 - Crying, irritability
 - Fever
 - Vomiting
 - Ear drainage

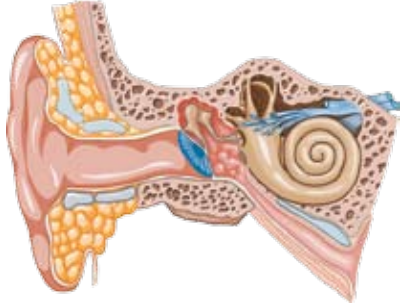
IN YOUNG CHILDREN, ADOLESCENTS, AND ADULTS

LOOK FOR:

- Earache
- Feeling of fullness or pressure
- Hearing problems
- Dizziness, loss of balance
- Nausea, vomiting
- Ear drainage
- Fever

VENTILATING EAR TUBES

Myringotomy means a surgically-created hole in the ear drum. After a myringotomy is performed a tube is often placed in the hole to keep it open. This procedure is designed to allow equalization of pressure between the middle ear space and the outside environment. Myringotomy and tube placement are necessary when the Eustachian tube (natural ventilation duct between the throat and middle ear) does not function properly. Generally, the pressure equalizing tube placed at the time of surgery remains in the ear drum anywhere between 4-18 months. Variable ear drum healing and different types of tubes can make this duration shorter or longer. The procedure is usually performed under local anesthesia (numbing medication only) in adults and general anesthesia (completely asleep) in children.



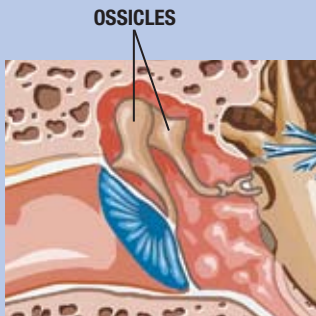
TYMPANOSTOMY EAR TUBES

Tympanostomy tubes are tiny tubes that are placed in the eardrum. Also called "ear tubes", they are usually placed for these reasons:

- If your child has repeated ear infections that do not get better with antibiotics
- If your child has fluid in his or her middle ear space for 3 months or more.

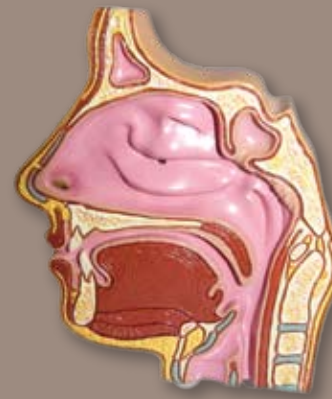
The middle ear space is normally filled with air. If the middle ear is filled with fluid instead of air, hearing is muffled or garbled. This is what happens with ear infections. By draining fluid, tympanostomy tubes allow the middle ear to fill with air again and ventilate properly.

The main concern about fluid in the ear is that it makes sound garbled. This can interfere with your child's learning to speak because children imitate the sounds they hear. Hearing usually improves soon after the tubes are placed. Your doctor or an audiologist should check to make sure that your child's hearing is normal.



What is a Tympanoplasty?

A tympanoplasty is a surgical procedure that repairs or reconstructs the eardrum (tympanic membrane) to help restore normal hearing. This procedure may also involve repair or reconstruction of the small bones behind the tympanic membrane (ossiculoplasty) if needed. Both the eardrum and middle ear bones (ossicles) need to function well together for normal hearing to occur.



DIAGNOSTIC EVALUATION OF THE AIRWAYS

The airway can be evaluated in some cases by looking at pictures taken using x-rays (chest x-rays, or CT scans) or magnets (magnetic resonance imaging or MRI). However, sometimes this is not enough.

In these cases, the airway can be examined directly by using a tube called an endoscope. An endoscope is an instrument that illuminates and magnifies. It allows a inspection of the nose and sinus cavities in a precise and accurate manner. The specific endoscopes used to look at the airway are called laryngoscopes and bronchoscopes.

Laryngoscopes are used to look at the upper throat and vocal cords (voice box or larynx). "Micro" refers to getting a very close (magnified) view of the area to see every tiny detail. This can be done with a special telescope or operating microscope.

Laryngoscopy is the procedure that allows your physician to look at your larynx (voice box) using a laryngoscope. Microlaryngoscopy is especially useful for conditions in which evaluation or treatment of the vocal cords or immediate surrounding airway needs to be performed. Problems involving the vocal cords result in varying degrees of hoarseness, breathing or speech abnormalities, and laryngoscopy is commonly used to evaluate these symptoms. Microlaryngoscopy gives the surgeon the ability to view the larynx in detail. This is vitally important because minute (very small) changes can produce large changes in a person's voice.

Bronchoscopes are used to look at the windpipe (trachea) and the tubes that go into the lungs (bronchi and bronchioles).

Bronchoscopy is the name for the procedure using a bronchoscope (hollow metal tube) to directly look at the airway. The bronchoscope contains a telescope to better visualize all parts of the airway under magnification. The two types of bronchoscopes are Rigid Bronchoscopy (indicates the hollow metal bronchoscope tube used cannot bend) and the Flexible Bronchoscopy uses a bronchoscope tube that can bend in the front, back, and side-to-side during the procedure (in other words, is flexible).

Medical care of the nose and sinuses:

Your nasal and sinus complaints will be fully evaluated by Dr Roger Shea, a Board Certified ENT physician. The latest technology and state-of-the-art medical therapy will be used to diagnose and manage your nasal and sinus condition. Your visit will include a full ear, nose, throat, head and neck exam. If necessary, video endoscopy of the nasal cavity, sinus drainage pathways and throat can be performed. Cultures are often performed for chronic or resistant infections.

What is Sinusitis?

Acute bacterial sinusitis is an infection of the sinus cavities caused by bacteria. It usually is preceded by a cold, allergy attack, or irritation by environmental pollutants. Unlike a cold, or allergy, bacterial sinusitis requires a physician's diagnosis and treatment with an antibiotic to cure the infection and prevent future complications.

If your doctor thinks you have chronic sinusitis, intensive antibiotic therapy may be prescribed. Surgery is sometimes necessary to remove physical obstructions that may contribute to sinusitis.

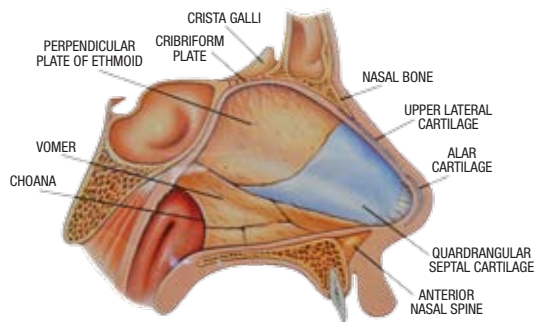
TREATING NASAL AND SINUS POLYPS

Rhinosinusitis refers to an inflammation of the tissues of the nose (rhino-) and sinuses.

Polyps, tissue swellings that can form within the nose and sinuses, can be responsible for many of the symptoms described by patients with rhinosinusitis.

Polyps may simply block the nasal airway, making it difficult to breath through the nose; or they may block the proper drainage of the sinus cavities, leading to stagnant secretions that may become infected. Polyps are generally thought to occur as a result of an ongoing inflammatory process within the nose and sinuses. Although the inflammatory process might be related to allergies, most cases of polyps occur as a result of non-allergic processes.

Whatever the cause, polyps can make patients miserable. Common symptoms in patients with nasal and sinus polyps include nasal obstruction, decreased sense of smell, recurrent sinus infections and profuse nasal drainage. Many of these patients feel as though they have a cold all of the time. If polyps are suspected, the patient may undergo an endoscopic examination in the clinic. This procedure uses a small telescope that is placed inside of the nostril to examine the nose and sinuses. Computed tomography (often called CT or CAT scans) may help to delineate the precise location of polyps within these cavities.



SINUS SURGERY

Surgery should be considered only if medical treatment fails or if there is a nasal obstruction that cannot be corrected with medications. The type of surgery is chosen to best suit the patient and the disease. Surgery can be performed under the upper lip, behind the eyebrow, next to the nose or scalp, or inside the nose itself.



Sinus Facts:

Have you ever had a cold or allergy attack that wouldn't go away? If so, there's a good chance you actually had sinusitis. Experts estimate that 37 million people are afflicted with sinusitis each year, making it one of the most common health conditions in America. That number may be significantly higher, since the symptoms of bacterial sinusitis often mimic those of colds or allergies, and many sufferers never see a doctor for proper diagnosis and treatment with an antibiotic.

As always, an ounce of prevention is worth a pound of cure. To avoid developing sinusitis during a cold or allergy attack, keep your sinuses clear by:

- Using an oral decongestant or a short course of nasal spray decongestant
- Gently blowing your nose, blocking one nostril while blowing through the other
- Drinking plenty of fluids to keep nasal discharge thin
- Avoiding air travel. If you must fly, use a nasal spray decongestant before take-off to prevent blockage of the sinuses allowing mucus to drain
- If you have allergies, try to avoid contact with things that trigger attacks. If you cannot, use over-the-counter or prescription antihistamines and/or a prescription nasal spray to control allergy attacks

Find it early - and be cured!

More than 55,000 Americans will develop cancer of the head and neck (most of which is preventable) this year; nearly 13,000 of them will die from it.



HEAD AND NECK CANCER

Here's what you should watch for:

A lump in the neck...

Cancers that begin in the head or neck usually spread to lymph nodes in the neck before they spread elsewhere. A lump in the neck that lasts more than two weeks should be seen by a physician as soon as possible. Of course, not all lumps are cancer. But a lump (or lumps) in the neck can be the first sign of cancer of the mouth, throat, voice box (larynx), thyroid gland, or of certain lymphomas or blood cancers. Such lumps are generally painless and continue to enlarge steadily.

Change in the voice...

Most cancers in the larynx cause some change in voice. Any hoarseness or other voice change lasting more than two weeks should alert you to see your physician.

A growth in the mouth...

Most cancers of the mouth or tongue cause a sore or swelling that doesn't go away. These sores and swellings may be painless unless they become infected. Bleeding may occur, but often not until late in the disease.

Swallowing problems...

Cancer of the throat or esophagus (swallowing tube) may make swallowing solid foods difficult. Sometimes liquids can also be troublesome. If you have trouble almost every time you try to swallow something, you should be examined by a physician.

Changes in the skin...

The most common head and neck cancer is basal cell cancer of the skin. Fortunately, this is rarely a major problem if treated early. Basal cell cancers appear most often on sun-exposed areas like the forehead, face, and ears, although they can occur almost anywhere on the skin. Basal cell cancer often begins as a small, pale patch that enlarges slowly, producing a central "dimple" and eventually an ulcer. Parts of the ulcer may heal, but the major portion remains ulcerated. Some basal cell cancers show color changes. Other kinds of cancer, including squamous cell cancer and malignant melanoma, also occur on the skin of the head and neck. Most squamous cell cancers occur on the lower lip and ear. They may look like basal cell cancers and, if caught early and properly treated, usually are not much more dangerous. If there is a sore on the lip, lower face, or ear that does not heal, consult a physician. Malignant melanoma classically produces dense blue-black or black discolorations of the skin. However, any mole that changes size, color, or begins to bleed may be trouble. A black or blue-black spot on the face or neck, particularly if it changes size or shape, should be seen as soon as possible by a dermatologist or other physician.

Persistent Earache...

Constant pain in or around the ear when you swallow can be a sign of infection or tumor growth in the throat. This is particularly serious if it is associated with difficulty in swallowing, hoarseness or a lump in the neck. These symptoms are best evaluated by an otolaryngologist.

RHINOPLASTY & NASAL SEPTAL SURGERY



Nasal Anatomy and Physiology

The nose is a small self-cleaning air conditioning structure designed to filter and modify the temperature of the air for passage to the lungs, and is able to function amazingly well with proper attention. Nasal obstruction is not only bothersome, but may have a significant effect on your general health. The most common causes of obstruction are allergy, infection and anatomical deformities of the internal structure of the nose.

The purpose of nasal septal surgery is to correct the obstructing deformities inside

the nose. This usually involves realigning the nasal structure and/or reducing the size of the shelves, or turbinates, so that airflow can pass evenly through each side of the nose. At times, correction of an external nasal deformity may be important in correcting nasal obstruction.

Surgery usually takes from one to two hours and may be done using local or general anesthesia. This can usually be done on an outpatient basis. If nasal packing is used, it is usually removed one day after surgery.

Surgical options include:

FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS): Developed in the 1950s, the nasal endoscope has revolutionized sinusitis surgery. In the past, the surgical strategy was to remove all sinus mucosa from the major sinuses. The use of an endoscope is linked to the theory that the best way to obtain normal healthy sinuses is to open the natural pathways to the sinuses. Once an improved drainage system is achieved, the diseased sinus mucosa has an opportunity to return to normal.

FESS involves the insertion of the endoscope, a very thin fiber-optic tube, into the nose for a direct visual examination of the openings into the sinuses. With state of the art micro-telescopes and instruments, abnormal and obstructive tissues are then removed. In the majority of cases, the surgical procedure is performed entirely through the nostrils, leaving no external scars. There is little swelling and only mild discomfort. The advantage of the procedure is that the surgery is less extensive, there is often less removal of normal tissues, and can frequently be performed on an outpatient basis. After the operation, the patient will sometimes have nasal packing. Ten days after the procedure, nasal irrigation may be recommended to prevent crusting.

IMAGE GUIDED SURGERY: The sinuses are physically close to the brain, the eye, and major arteries, always areas of concern when a fiber optic tube is inserted into the sinus region. The growing use of a new technology, image guided endoscopic surgery, is alleviating that concern. This type of surgery may be recommended for severe forms of chronic sinusitis, in cases when previous sinus surgery has altered anatomical landmarks, or where a patient's sinus anatomy is very unusual, making typical surgery difficult.

Image guidance is a near-three-dimensional mapping system that combines computed tomography (CT) scans and real-time information about the exact position of surgical instruments using infrared signals. In this way, surgeons can navigate their surgical instruments through complex sinus passages and provide surgical relief more precisely. Image guidance uses some of the same stealth principles used by the United States armed forces to guide bombs to their target.

CALDWELL LUC OPERATION: Another option is the Caldwell-Luc operation, which relieves chronic sinusitis by improving the drainage of the maxillary sinus, one of the cavities beneath the eye. The maxillary sinus is entered through the upper jaw above one of the second molar teeth. A "window" is created to connect the maxillary sinus with the nose, thus improving drainage. The operation is named after American physician George Caldwell and French laryngologist Henry Luc and is most often performed when a malignancy is present in the sinus cavity.

Septorhinoplasty

This procedure is performed with the patient asleep (general anesthesia). Pre-operative photographs of the patient's face and nose, a careful internal nasal exam and the patient's goals for facial "balance" are used to direct the steps in the surgical procedure. Incisions are placed inside the nose or hidden on the columella (the bottom part of the nasal septum which joins the upper lip skin). Deformed cartilage and excessive bone can be removed or reshaped. The nasal breathing passages are also opened with techniques or graft placements to widen the internal nasal cavity.

Balloon Sinuplasty (Sinusitis Treatment)

Balloon Sinuplasty™ technology is a FDA-cleared, endoscopic, catheter-based system for patients suffering from sinusitis. The technology uses a small, flexible, Sinus Balloon Catheter to open up blocked sinus passageways, restoring normal sinus drainage and function. When the sinus balloon is inflated, it gently restructures and widens the walls of the passageway while maintaining the integrity of the sinus lining.

Tonsillectomy/Adenoidectomy

The tonsils are located on each side of the back wall of the throat, just above and behind the tongue. The adenoids are found above and behind the soft palate (roof of the mouth) where the nose and mouth join. These tissues help defend the body against infection. When they are overcome by chronic infections, or when marked enlargement blocks breathing, tonsils and/or adenoids may need to be removed. During surgery, the tonsils and adenoids are removed from the wall of the throat. The adenoids are reached by lifting the soft palate. The operation takes about 30 minutes.



ABOUT SNORING: NOT FUNNY, NOT HOPELESS

Forty-five percent of normal adults snore at least occasionally, and 25 percent are habitual snorers. Problem snoring is more frequent in males and overweight persons, and it usually grows worse with age.

More than 300 devices are registered in the U.S. Patent and Trademark Office as cures for snoring. Some are variations on the old idea of sewing a sock that holds a tennis ball on the pajama back to force the snorer to sleep on his side. (Snoring is often worse when a person sleeps on his back). Some devices reposition the lower jaw forward; some open nasal air passages; a few others have been designed to condition a person not to snore by producing unpleasant stimuli when snoring occurs. But, if you snore, the truth is that it is not under your control whatsoever. If anti-snoring devices work, it is probably because they keep you awake.

What causes snoring?

The noisy sounds of snoring occur when there is an obstruction to the free flow of air through the passages at the back of the mouth and nose. This area is the collapsible part of the airway where the tongue and upper throat meet the soft palate and uvula. Snoring occurs when these structures strike each other and vibrate during breathing.



CAN HEAVY SNORING BE CURED?

Heavy snorers, those who snore in any position or are disruptive to the family, should seek medical advice to ensure that sleep apnea is not a problem. Dr Shea will provide a thorough examination of the nose, mouth, throat, palate, and neck. A sleep study in a laboratory environment may be necessary to determine how serious the snoring is and what effects it has on the snorer's health.

Treatment

Treatment depends on the diagnosis. An examination will reveal if the snoring is caused by nasal allergy, infection, deformity, or tonsils and adenoids. Snoring or obstructive sleep apnea may respond to various treatments now offered by many otolaryngologist-head and neck surgeons:



UVULOPALATOPHARYNGOPLASTY (UPPP) is surgery for treating obstructive sleep apnea. It tightens flabby tissues in the throat and palate, and expands air passages.

THERMAL ABLATION PALATOPLASTY (TAP) refers to procedures and techniques that treat snoring and some of them also are used to treat various severities of obstructive sleep apnea. Different types of TAP include bipolar cautery, laser, and radiofrequency. Laser Assisted Uvula Palatoplasty (LAUP) treats snoring and mild obstructive sleep apnea by removing the obstruction in the airway. A laser is used to vaporize the uvula and a specified portion of the palate in a series of small



procedures in a doctor's office under local anesthesia. Radiofrequency ablation—some with temperature control approved by the FDA—utilizes a needle electrode to emit energy to shrink excess tissue to the upper airway including the palate and uvula (for snoring), base of the tongue (for obstructive sleep apnea), and nasal turbinates (for chronic nasal obstruction).

GENIOGLOSSUS AND HYOID ADVANCEMENT is a surgical procedure for the treatment of sleep apnea. It prevents collapse of the lower throat and pulls the tongue muscles forward, thereby opening the obstructed airway.

SEPTOPLASTY is surgery to correct the obstruction in the nose caused by a deviated septum.

MAXILLARY AND MANDIBULAR ADVANCEMENT is a surgical procedure in which parts of the cheek bone and jaw bone are broken and moved forward to, physically, open up the size of the airway.

RADIOFREQUENCY VOLUMETRIC REDUCTION OF THE TONGUE BASE is a surgical procedure in which a heat treatment is given to the base (back part) of the tongue which causes it to shrink and, thus, open up the airway.

Medical treatment of sleep apnea is with a nasal mask that delivers air pressure into the throat; this is called **continuous positive airway pressure or "CPAP."** If surgery is too risky or unwanted, the physician and patient may elect to try CPAP. CPAP is a very effective treatment for sleep apnea. However, the mask is often difficult to tolerate and not everyone can use it effectively.

People who snore may suffer from:

POOR MUSCLE TONE IN THE TONGUE AND THROAT. When muscles are too relaxed, either from alcohol or drugs that cause sleepiness, the tongue falls backwards into the airway or the throat muscles draw in from the sides into the airway. This can also happen during deep sleep.

EXCESSIVE BULKINESS OF THROAT TISSUE. Children with large tonsils and adenoids often snore. Overweight people have bulky neck tissue, too. Cysts or tumors can also cause bulk, but they are rare.

LONG SOFT PALATE AND/OR UVULA. A long palate narrows the opening from the nose into the throat. As it dangles, it acts as a noisy flutter valve during relaxed breathing. A long uvula makes matters even worse.

OBSTRUCTED NASAL AIRWAYS. A stuffy or blocked nose requires extra effort to pull air through it. This creates an exaggerated vacuum in the throat, and pulls together the floppy tissues of the throat, and snoring results. So, snoring often occurs only during the hay fever season or with a cold or sinus infection.

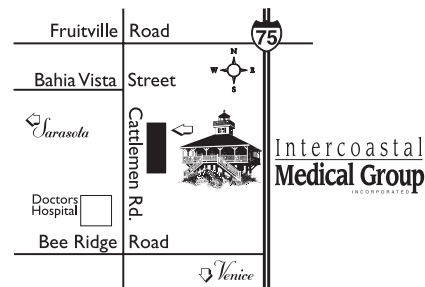
ALSO, DEFORMITIES OF THE NOSE OR NASAL SEPTUM, SUCH AS A DEVIATED SEPTUM (a deformity of the wall that separates one nostril from the other) can cause such an obstruction.



INTERCOASTAL MEDICAL GROUP

The choice of outpatient surgery centers for Dr. Shea

- Accredited by the Accreditation Association for Ambulatory Health Care, Inc.
- Licensed by the State of Florida
- 99% of patients surveyed in 2008 recommend the facility
- More than 7,200 procedures performed in 2008
- Specially trained nurses and technicians
- Convenient location
- Premier technology for surgeries in:
 - Orthopedics
 - Gastroenterology
 - Otolaryngology (Ear, Nose & Throat)
 - Gynecology
 - Urology
 - Pain Management
 - Podiatry
 - General and Colorectal Surgery



Thanks to medical advances, many surgical procedures are safely performed in the ambulatory care setting, allowing the patient to return home the same day. Ambulatory or "same day," surgery is beneficial because of the quality of care, economy of services, and high degree of patient satisfaction. Ambulatory surgery centers are among the most highly regulated providers of ambulatory medical care

Our focus on ambulatory surgical procedures allows us to tailor our quality services, care and teaching more precisely to our patients. To meet the needs of surgeons and clients we are equipped for IV sedation, local and general anesthesia.

Surgery helpful hints:

- Do not eat or drink anything including water after midnight of the day preceding surgery. This could cause complications, and your surgery could be postponed.
- Bathe or Shower the morning of surgery to minimize the chance of infection.
- Refrain from smoking after midnight on the day preceding surgery.
- If you experience any health changes such as a temperature, cough or cold, between your most recent visit to your surgeon and the day of surgery, please notify your surgeon.
- Leave your jewelry and other valuables at home.
- Wear casual loose clothing and flat comfortable shoes.
- Arrange for an adult to be at the surgery center during surgery and to drive you home. You should also arrange to have someone stay with you for the first night following your surgery.
- If your child is having surgery, feel free to bring his favorite stuffed animal or security blanket for added reassurance.
- Expect to be at the center for approximately 2 hours after the surgery is completed.
- The Medical staff will discharge you when they are assured you are in stable condition. HOWEVER, you could still feel sleepy, slightly dizzy, or nauseated. These are possible and normal side effects of anesthesia and can last for 12-24 hours.
- Follow any specific home care instructions you receive from your surgeon.
- Wait at least 24 hours after you arrive home to:
 - Drive
 - Operate any equipment
 - Sign any important documents
 - Drink any alcoholic beverages
 - Take any medicine not prescribed or acknowledged by your surgeon



From the waiting room to the recovery room, the Surgery Center on Cattleman Road gives Dr. Shea's patients the convenience and easy access in having their surgery.



Intercoastal
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