New from Anthony Products!

# The *Kotler Nasal Airway* ™

## Always clear. Always comfortable.

## A New Device to Facilitate Patient Comfort during Nasal Surgery's Immediate Post-operative Period

### THE NEED

Nasal surgery, whether for cosmetic and/or reconstructive purposes to correct the consequences of injury and/or improve breathing, and sinus surgery typically requires some surgeon-inserted "packing" placed into the nose at the conclusion of the operation. Or, even a gel-like substance.

The reasons for such packing are:

1. **To maintain manipulated/ repositioned/ reconstructed elements in the proper and anatomically correct positions** during the immediate post-operative period and for the next several days as nature begins the healing and repair process.

2. **To reduce the chance of bleeding.** The interior of the nose is richly supplied with blood vessels. Proper packing is the classical means to reduce the chance of bleeding by effectively tamponading the hollow nasal passages. Bleeding can be a serious complication; patients have lost a considerable portion of their blood volume from a nasal bleed. Fatalities have even occurred.

3. **To act as a substrate for medications** that the surgeon may choose to instill during surgery, e.g. antibiotics, steroids.

4. **To act as a conduit for medications to be employed topically after surgery**, e.g. nasal drops to reduce bleeding and/or relieve congestion. The packing carries the medicine into the nasal interior via capillary action.

## THE DEVICE OVERCOMES WIDESPREAD PATIENT RESISTANCE TO A RELIABLE AND SUCCESSFUL OPERATION

Today, it is common knowledge among the lay public that nasal and/or sinus surgery requires packing. But, for good reason, packing has had "bad press" for decades. For some, the lack of normal nasal air flow induces anxiety, claustrophobia. The obligatory mouth-breathing causes a dry throat and discomfort. The breath can become unsavory, malodorous. Smell, critical to the enjoyment of food, is compromised. "It's no fun" is the common refrain.

Patients report that the **standard one- to five-day period of in-dwelling packing is the most oppressive feature of the entire experience.** While pain is generally not severe, and can be controlled with medication, but **packing-induced, complete nasal obstruction is universally unpopular**.

This much-maligned "horrible packing" is considered such a dreadful prospect that some patients defer or reject out-of-hand the opportunity to have a very successful, once-in-a-lifetime surgery. The chance to improve symptoms of allergy and prevent significant complications such as sinus infection, besides preventing snoring and compromising smell and taste is lost.

Over 100 patients have had the new airway device employed, all ecstatic with being able to breath through the nose despite the nose being otherwise completely packed. Even before the surgery is performed, knowing that they "will be able to breathe, after surgery, even though the nose is packed" is an anxiety-reliever.

Providing such an advantage/benefit is a major victory -- and a PR coupe -- for the nasal surgeon. From such happy patients come referrals and increased utilization of successful services.

## AIRWAY KIT COMPONENTS DESCRIBED

**Dual Tube Nasal Airway**

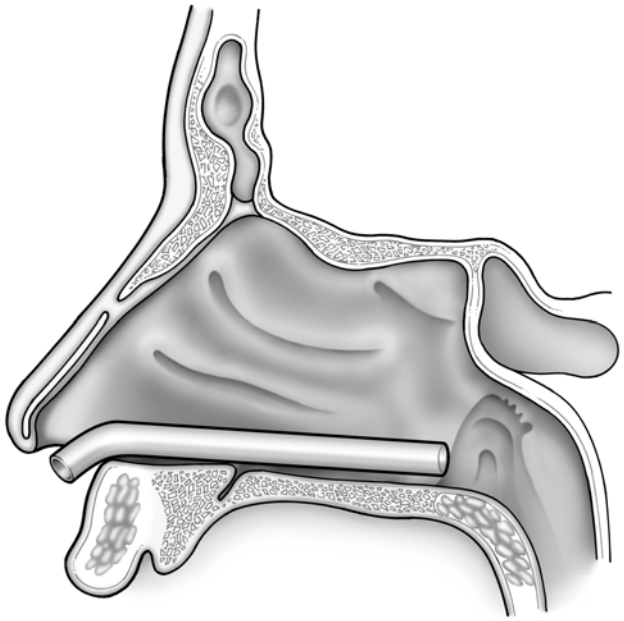
We have developed a multi-component system/kit, centered on a **one piece, two-tube nasal airway appliance** that is inserted by the surgeon following conclusion of the operation. The airways, made of soft latex-free, medical grade silicone, are connected by a bridge.

Packing or any substance, e.g. gauze, absorbable mesh, Telfa pad, Gelform, any PVC product or gel is then introduced.

The airway device provides a certain corridor for adequate air passage through both nasal passages without compromising any packing's or cavity filler's important missions.

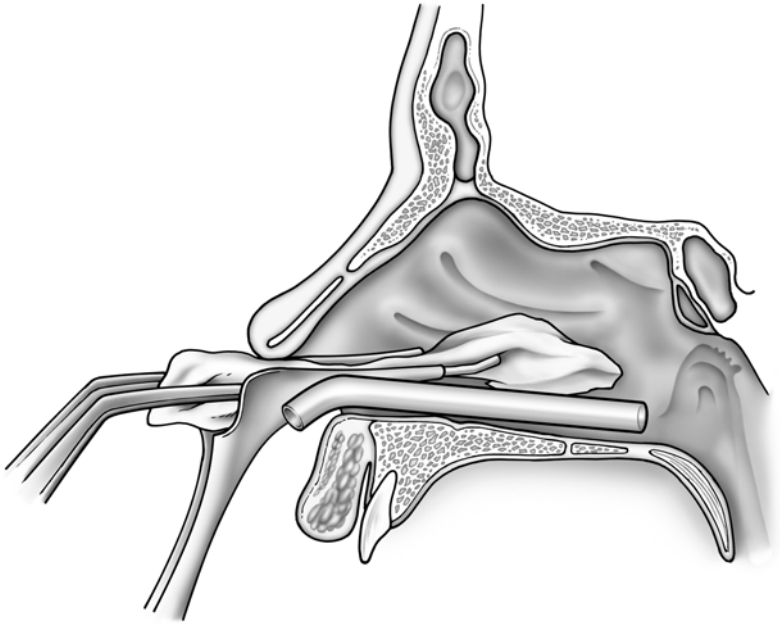
**Airways in Place at Conclusion of Operation**

The tubes' "front opening" for ingress of air, sits visibly at the external nostril. Convenient and safe access for cleansing and irrigation to maintain patency and airflow.

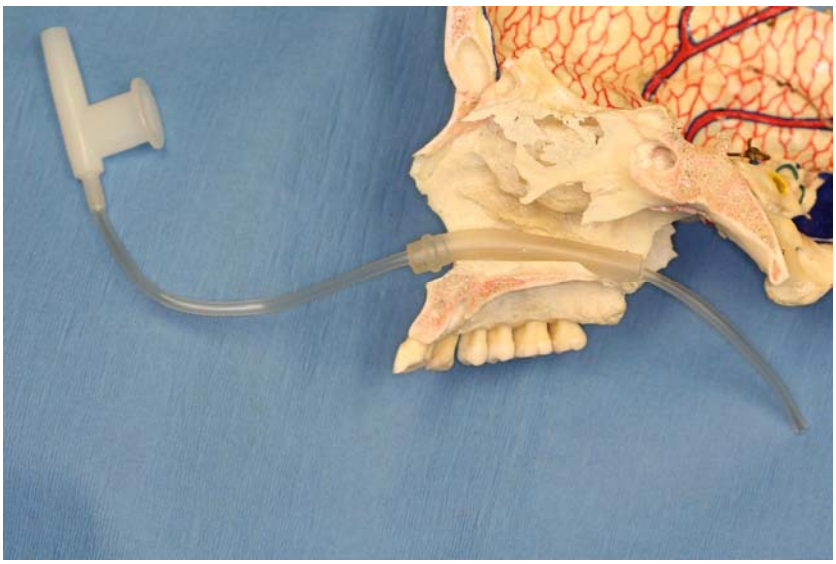


**Airway Nesting on Floor of Nasal Passage**

The "back openings" of the tubes sit at the posterior nasal passageway, beyond the area of packing, yet not abutting the back wall of the nasopharynx.



**Packing inserted as airway retracted by thin nasal speculum.**

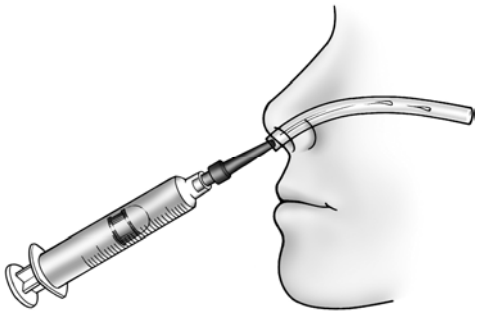


**Suction Catheter Used by Anesthesia Specialist to Clear Pharynx at End of Case**

A **standard 10Fr plastic suction catheter** is another kit component. After insertion and seating of the nasal airway, the surgeon passes the catheter through each tube and suctions fluids from the pharynx. This

maneuver confirms that tube placement is satisfactory, that there is no obstructing of the back opening of the device.

Later, the anesthesia specialist, using the same flexible suction catheter, will happily avail himself of this direct pathway to the pharynx for suctioning blood and mucous from throat. This avoids the typical struggle with the awakening patient, as the anesthesia specialist seeks to traverse the oral pharynx to withdraw fluids from the throat just prior to removing the oral endotracheal tube or laryngeal mask.



Also supplied are a **standard 3cc Luer-Lok syringe with a "Christmas tree" irrigating tip** for home irrigation of the tubes' lumens to relieve any clogging by mucous or blood.

The airway may remain in place consistent with clinical need. The device easily slides out by grasping the wall of either tube or both tubes with a clamp or forceps. Anesthetizing and shrinking the nasal mucosa with a topical anesthetic and decongestant combination, prior to removal of airway and packing , provides a smooth and comfortable patient experience.



anthony products, inc.

**7740 Records Street • Indianapolis, IN 46226**
**800-428-1610 • (317) 545-6196 • Fax (317) 543-3289**
**www.anthonyproducts.com**