# EXAMPLE OF TEXT TO INCLUDE IN OP REPORT TO DESCRIBE INSERTION AND FIXATION OF INTRANASAL AIRWAY

## The Suggested CPT code: "30999, by report".

## Each surgeon, having his/her unique technique for any procedure or technique, should customize this portion of the op report.

## Below is a sample of such text. Note it that includes description of packing insertion. Presence of absence of packing in the op report should have no bearing on the indication for insertion of the airway which is medically appropriate for any nasal and/or sinus surgery.

The sterile intranasal airway prosthesis was prepared for insertion. The purpose of said prosthetic device is to provide a secure, safe and practical post-operative airway to benefit the patient and to serve the anesthesiologist and recovery room staff, despite both nasal cavities destined to be otherwise completely occluded after the packing insertion.

Each member of the dual-tube, soft-silicone nasal airway prosthesis was inserted onto the nasal cavity under direct inspection. After the entire device was within the nasal cavity, using the narrow nasal speculum and a bayonet forceps, the each member of the dual-airway prosthesis was manipulated into its nesting place onto the floor of each nasal passage. It then properly rested on the floor, between the pre-maxillary nasal crest portion of the inferior bony septum and the inferior turbinate. The stability and immobility were confirmed using the forceps. The device's external bridge sat properly over the face of the columella to prevent retrodisplacement of the prosthesis.

Bilateral airway patency was then confirmed by irrigation with sterile saline solution. The ability of the anesthesiologist to suction the naso- and oro-pharynges was then confirmed by passing a 10F standard suction tube through both tubes and aspirating the stagnant blood and mucous from the pharynges.

With the the prosthesis fixed in place and functionality confirmed, the nose was then packed. First with a hemostatic cloth-like cellulose material, Act-Cel, placed over the inferior turbinate's medical surface in the anterior portion where resection took place. Then, an appropriately sized and shaped two-ply Telfa sheet, coated with Achromycin ointment, were place, one on each side, to act as septal splints. These Telfa pads were sutured to each other, anterior to the columella, with a 3-0 chromic suture to prevent accidental retrodisplacement and possible migration into the throat. Then the turbinate covering-packing's position was checked and seen to be undisturbed by the tube and Telfa packing insertion.

At the conclusion of the procedure, before extubation and emergence, the anesthesiologist will access the pharynx for aspiration using the same route through the indwelling bilateral nasal airway.