

The *KOTLER NASAL AIRWAY*™



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Always clear. Always comfortable™

Frequently Asked Questions (FAQ)

The experience cited below is based on 140 cases in which the airway was employed. A clinical study evaluating all aspects of the anatomy, physiology, physics of airflow through a closed space, and clinical performance of the device is available.*

1. Q: Is the *Kotler Nasal Airway*™ (*KNA*) a splint or a stent?

A: Neither. The *KNA* is an airway only. Its exclusive mission is to provide every nasal/sinus surgery patient a reliable, functioning nasal airway in the immediate post-operative period.

However, as a ancillary function of its nesting position, the *KNA* can act as a stent to stabilize packing inserted against the inferior turbinate.

2. Q: Any contraindications to using the *KNA*?

A: No. Appropriate after rhinoplasty, septoplasty, turbinate and sinus surgery. For open rhinoplasty cases, in deference to the external transcolumellar incision, the bridge connecting the two tubes can be divided and each tube secured by suture technique of the surgeon's choice.

3. Q: How long can the airway stay in place?
A: In our 140 cases, the tubes sat in place for up to six days, without any adverse consequences.
4. Q: Can one use septal splints concomitant with the nasal airway?
A: Yes. Every technique of intranasal splinting, stenting, or packing is incompatible with the indwelling airway. It was designed that way. The key to internal harmony is that the device is so designed that it nests in the “surgically-quiet”, always un-operated portion of the nasal fossa, the floor.
5. Q: “I don’t routinely pack the nose. Why should I insert an airway?”
A: Packing, or no packing, the nasal cavities will fill with blood and mucus. Guaranteed. And there will always be some nasal mucosal edema. This will cause the non-packed patient to be dissatisfied. Since nose-blowing is unwise and generally forbidden in the immediate postoperative period, without a guaranteed airway, the patient will unhappily resort to mouth breathing. As in “ When do you do a trach? When you think about it”, if you are wondering about an airway, put in the **KNA**.
6. Q: Any packing material or technique of packing that is incompatible with the airway?
A: No. Absorbable and non-absorbable packing was used in every clinical study case. Packing a separate issue.
7. Q: If the nose is packed tightly, can the airway device be compressed and rendered inoperative?
A: No. A specific durometer (measure of stiffness) silicone plastic material was selected to rule out such a possibility. Never happened in the clinical study.
8. Q: Is it possible for the tubes to be blocked by blood or mucus?
A: Yes, possible, but correctable. A home irrigation syringe and tip are included in the **KNA** kit. Patients and caregivers, who assiduously follow the **Instructions for Home Care** card, will be able to prevent blockage. However, if home care is somehow inadequate, using a suction catheter at an office visit will solve the problem. Our experience was that fewer than 5% of patients required an office visit to clear the airway.

9. Q: Can the airway dislodge anteriorly? Posteriorly?
- A: The “bridge” prevents any posterior migration. In our experience, no airway ever self-extruded, anteriorly, for two reasons:
1. The airway is designed to fit snugly onto the floor of the nose.
 2. The act of swallowing tends to create a posteriorly-directed, negative intranasal pressure that mitigates against any anterior movement.
10. Q: Any worries about the tubes “sticking” to intranasal tissue and causing problems in removal?
- A: Never a problem with removal because medical-grade silicone is the classic non-stick material. Artificial heart valves and artificial joints are made of the same material. Even *SuperGlue*® will not stick to it.
11. Q: Is the removal painful?
- A: No. However, if you want to allay any patient anxiety, topically anesthetize the nose five minutes prior to removal. Here’s what works for us: a 1:1 mixture of oxymetazoline 0.05 %, or phenylephrine 1%, with pontocaine 2%. This renders the nose anesthetic and shrinks the mucosa to help facilitate removal. Drip into nasal cavity and wait five minutes. Repeat if you like. Then remove KNA and, as indicated, the packing.
- Here is another tip: For those patients raised on tales of the horrors of nasal pack removal, plan a pre-medication sedative routine. A dose of a tranquilizer and pain pill, of surgeon choice, taken one hour prior to pack removal and secretion suctioning will bring a less anxious patient to the office.
12. Q: Does the surgicenter or hospital purchase the *KNA* kit?
- A: Yes; analogous to it supplying the anesthesiologist with endotracheal tubes. The facility is responsible for supplying the surgeon with all supplies, materials, and devices used in the OR. All consumables should be line-item billed by the facility to the insurer. Be advised that, in Southern California, billing consultants suggested supply code “**K0183, nasal application device**”. Suggest contacting your medical biller or coder.

13. Q: Will insurers compensate the surgeon for the additional service of inserting, positioning, and later removal of the airway?
- A: Yes. In over 50 cases where the patient had indemnity insurance, 75% of a variety of insurers honored the charge. Payments up to \$375 were allowed. Allowances and actual payments, of course, vary depending on policy benefits, deductibles, co-pays, etc. Consult your insurance billing/coding specialist. Two consultants suggested using CPT Code “30999, by report”. **This code requires explanation of the service be included in the operative report.** Each surgeon will, of course, create a custom operative report for the surgical case. In any event, the above-mentioned procedure code should be accompanied by a descriptive title such as “insertion intranasal airway” or “prosthesis” or “air tubes”.
14. Q: Can these airway tubes be reused?
- A: No. As noted on the *KNA* box, Federal law prohibits more than one use of such a device.

* For an electronic copy of the research study, contact:
rkotler@robertkotlermd.com.

For further information, visit the *KOTLER NASAL AIRWAY*[™] website, www.kotlernasalairway.com

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