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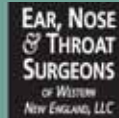
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(413) 734-2371 Fax
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Northampton Office

766 North King St.
Northampton, MA 01060
(413) 586-2033
Call for an appointment



Mary Lane Hospital Office

85 South St.
Ware, MA 01082
(413) 967-2249
Call for an appointment

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Welcome to the third edition of the Ear, Nose & Throat Surgeons of Western New England Magazine. We are very excited to share with you the news of our practice.

Ear, Nose & Throat Surgeons of Western New England has six board certified and one board-eligible ear, nose and throat physicians, four physician assistants who have chosen to specialize in ENT to provide appropriate follow-up care to our patients, and six audiologists who perform hearing tests and provide expert fittings for hearing aids. We have offices in Springfield, Northampton and Ware, and have a long tradition of caring for patients in western Massachusetts since 1972. We remain committed to providing high quality, comprehensive and state of the art care to our patients. You will find additional information about our locations and services on our website at www.entsurgeons.us.

Ear, Nose & Throat Surgeons of Western New England continues to grow and evolve. The past year has been filled with many new additions and advances in our practice which have enabled us to better serve the western Massachusetts community.

- We've expanded and remodeled our Northampton office to accommodate additional providers and more patients, and to offer allergy treatment for our Hampshire and Franklin County patients at a more convenient location.
- Complementing our ENT services, we've added Non Surgical Facial Rejuvenation to our offerings for patients who wish to "put their best face forward" with Botox and Dermal Filler injections.
- Two new physician assistants have been hired to improve access to our office.
- We've introduced Scribes into our office workflow. The scribes assist the physicians by transcribing the details of the patient visits into the electronic medical record in order to allow the physicians to dedicate themselves to clinical care.
- We continue to work toward a paperless office by utilizing an electronic medical record and interfacing with area labs for orders and results.

The physicians, physician assistants and audiologists of Ear, Nose & Throat Surgeons of Western New England have the finest training and many years of experience to treat a broad range of conditions. Our services include:

- Treatment of adult and pediatric ear, nose and throat disorders
- Minimally invasive treatment of sinus disease including balloon sinuplasty
- Voice disorders
- Head and neck cancer
- Chronic ear disease and reconstructive surgery for hearing loss
- Audiology and hearing health, hearing restoration, balance disorders
- Sleep apnea, pillar implants, and mandibular appliances for snoring and sleep apnea
- Minimally invasive video assisted thyroidectomy and parathyroidectomy
- Allergy testing and treatment including subcutaneous (shots) and sublingual (drops) immunotherapy

In the pages that follow, you will find clinically valuable articles which have been contributed by our physicians and staff. If there is any service we provide that you would like to learn more about or if you would like to share your feedback on any of the articles in this issue, please contact us or visit our website.

As always, we would like to thank our many sponsors, whose participation has made it possible for ENT Surgeons of WNE to provide you with this educational publication. We hope you enjoy this issue and that you will look forward to our next edition.

Sincerely,

Barry R. Jacobs, MD, FACS
President, Ear, Nose and Throat Surgeons of Western New England, L.L.C.



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Sudden Hearing Loss: Routine Problem or Otologic Emergency?

By Theodore Mason, MD

A common complaint faced by primary care, urgent care, and emergency department providers is the complaint of a sudden change in hearing in one ear. Most commonly, this represents cerumen impaction or varying degrees of Eustachian tube dysfunction and middle ear effusion, often brought on by allergies, otitis media, and upper respiratory infections. Unfortunately, in a small subset of patients this change in hearing can represent the more problematic **Sudden Sensorineural Hearing Loss (SSNHL)** which can mimic these routine phenomena. In our specialty, this sudden change in neural hearing function is felt to be an **otologic emergency** requiring rapid intervention to reduce the chance of permanent sensorineural damage.

Sudden changes in hearing, regardless of the etiology, are often described as a "blockage sensation," "muffled hearing," or "distortion." Sometimes it's accompanied by discomfort, sometimes not. It's often accompanied by a sensation of tinnitus which can range from high-pitched squealing to a low pitched rumbling noise. It can develop suddenly over a period of seconds, or can gradually occur over hours or days. Dizziness may or may not be present. All of these common characteristics, however, do not differentiate between the more common benign causes of sudden hearing loss and the less common SSNHL. A careful physical examination and some low-tech tests can allow for an accurate preliminary diagnosis and determination of whether or not immediate otolaryngologic consultation should be called.



Physical exam: First and foremost, cerumen impaction or other debris impaction should be ruled out. The simple presence of cerumen does not always explain hearing loss, so it must be removed either with direct mechanical disimpaction or flushing of the ear. Only then can an accurate examination of the tympanic membrane be done. Examination of the tympanic membrane can sometimes be difficult due to the size or configuration of the external auditory canal. Scarring of the tympanic membrane from childhood ear infections can also obscure the typical physical findings seen in text books or other resources. The "light reflex" described in so many physical exam primers actually has very little clinical significance and cannot rule in or rule out middle ear pathology. It's often useful to compare physical exams of both ears to see if there is any significant difference between the two ears. A middle ear effusion will often be accompanied by a yellowish or amber colored change in the quality of the tympanic membrane, but it can retain its translucency. If the effusion is thick or mucoid, then the drum may be opacified.

One of the best ways to rule in or rule out middle ear effusion is the use of pneumatic otoscopy. This technique uses air pressure applied to the external auditory canal using a pneumatic otoscope under direct visualization of the tympanic membrane to determine whether there is good mobility of the drum. If the drum moves well during this test, middle ear effusion can be ruled out. Some offices have access to a tympanometer which can assess the mobility of the drum and provide a tracing that will determine the presence or absence of effusion. **When in doubt, do not assume that an effusion is present.**

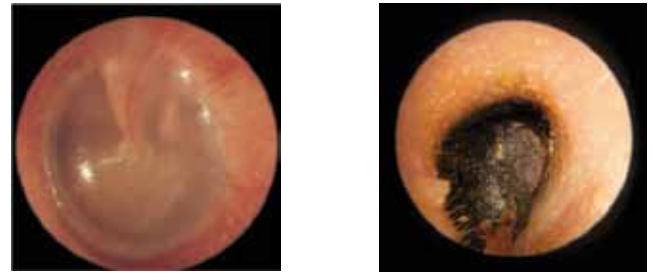
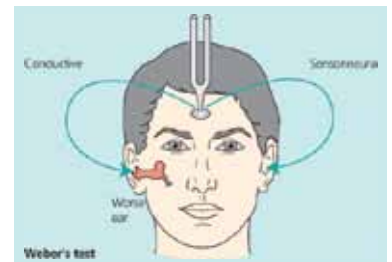


Figure 1. A normal left tympanic membrane (left image). Cerumen impaction (right image)

Tuning fork testing: This low-tech test is an easy method of determining whether the change in hearing is conductive (routine) or sensorineural (emergency). The best tuning fork for this test is a 512 Hz aluminum tuning fork, available for under \$10. This is called the **Weber testing**. It is done by striking the tuning fork gently on the tester's knee or elbow such that a steady "middle C" tone is generated without any high-pitched overtones. The tuning fork is then placed firmly on the patient's midline forehead. I will often tell the patient to close his or her eyes and point to the side of the head that they hear the tone louder in. If the patient hears the tone on the side of the head that corresponds to the ear that feels muffled, this likely represents a conductive hearing loss related to Eustachian tube dysfunction or middle ear effusion. If the tone is heard on the opposite side, then it's more likely that this represents a sudden sensorineural hearing loss. For example, if a patient complains of reduced hearing in the right ear and the Weber lateralizes to the right, the hearing loss is likely conductive and conservative measures can be used for treatment. If the patient complains of reduced hearing in the right ear and the Weber lateralizes to the left, this likely represents a SSNHL, and immediate otolaryngologic consultation should be called.



Sudden sensorineural hearing loss represents an acute change in neural function within the inner ear which is felt to be virally mediated. It's a problem that has vexed our specialty for decades because of its unclear etiology and variable response to treatment. Despite there being a large number of different types of treatment that have been used around the world over the years, the only treatment that seems to consistently have the best chance of response is the use of steroids. In the past,

Welcoming New Faces

at ENT Surgeons of WNE

oral steroids have been the mainstay of treatment typically using prednisone 1 mg/kg for 2 weeks. More recently, several studies have shown the efficacy of adding steroids injected into the middle ear space so that it can be directly absorbed into the inner ear. This is called intratympanic therapy, typically using high concentration dexamethasone. There are many different protocols described; we typically advise 3 intratympanic injections over the 2 weeks of oral steroid therapy to give the best chance of hearing recovery. These treatments are done in the office with a simple topical anesthetic on the eardrum and are typically easily tolerated by most people.

One of the most important factors that determine whether a SSNHL will recover or not is the **time between onset of hearing loss and the initiation of treatment**. The rate of recovery with treatment significantly declines within a couple of weeks of onset and, after about one month, there is little chance that even the most aggressive therapy will be able to restore the hearing. This is why it's so critical that the providers who most often triage the complaint of sudden hearing loss must maintain a high index of suspicion for this phenomenon, and be very precise with physical exam and tuning fork testing. Our protocol at Ear, Nose & Throat Surgeons of Western New England is to see any patient with a complaint of sudden hearing loss on the same day or the next day. Comprehensive audiometric testing is carried out as soon as possible to determine the type of hearing loss that has occurred, which will then determine the correct pathway for treatment.

Sometimes, despite immediate and aggressive treatment, SSNHL does not recover, and the patient can be left with a permanent sensorineural hearing loss in the affected ear. Depending on the degree of loss, this hearing loss can often be remedied with amplification technology (hearing aids), which we can provide through our office. If the hearing loss is so severe such that it would not be amenable to conventional amplification, we also provide the option of bone-anchored hearing systems such as the Baha Attract or Baha Connect implantable devices which can restore sound awareness on the side of the single-sided deaf ear.

In summary, the complaint of a sudden change in hearing needs to be carefully evaluated to determine the correct etiology and to facilitate rapid and accurate treatment. Do not hesitate to call Ear, Nose & Throat Surgeons of Western New England with any patient who you think may be suffering from a sudden sensorineural hearing loss.

Allergy Injections to Be Offered at Our Northampton Office

While our Springfield office at 100 Wason Avenue will remain our primary site for allergy testing and immunotherapy, we will expand immunotherapy to the Northampton office at 766 North King Street in the fall by offering shot clinics every Wednesday morning from 9 am to 11:30 am.

Hampshire and Franklin county residents who require weekly, biweekly or monthly allergy treatment will have a more convenient location for their injections. Our shot clinic hours are:
Tuesdays Springfield Shot Clinic – 8 am to 12 noon
Wednesdays Northampton Shot Clinic – 9 am to 11:30 am
Wednesdays Springfield Shot Clinic – 2 pm to 4 pm
Thursdays Springfield Shot Clinic – 1 pm to 6 pm

ENT Surgeons of WNE offers SLIT to its allergy patients
Sublingual immunotherapy (SLIT) is an innovative alternative to

New Physicians
Ear, Nose & Throat Surgeons of Western New England is pleased to welcome Dr. Lauren Busekroos and Dr. Robert Eppsteiner to our physician staff.

A board certified otolaryngologist, Dr. Busekroos specializes in obstructive sleep apnea, sinus disease, salivary gland disorders, facial trauma, and adult and pediatric head and neck surgery. She's been with the practice since September 2015, after completing her medical degree at the University of Massachusetts Medical School in Worcester and the residency program in Otolaryngology – Head and Neck Surgery at SUNY Upstate Medical University in Syracuse, NY.

Dr. Eppsteiner joined the practice on August 1, 2016. His medical degree was completed at the University of Massachusetts Medical School in Worcester and his residency program in Otolaryngology – Head and Neck Surgery at the University of Iowa Hospitals and Clinics.

Please call our office at 413-732-7426 if you have any questions or would like to schedule an appointment with one of our new physicians in our Springfield or Northampton office.

New PAs

In addition, two new physician assistants have joined Ear, Nose & Throat Surgeons of Western New England over the summer months. Karla Dos Santos is a new graduate, having completed the physician assistant program at MCPHS University in Boston, and Brittany Czarick graduated from the physician assistant program at Philadelphia University and has eight years' experience in ENT at the Thomas Jefferson University Hospital.

Karla and Brittany both excelled in their PA programs, and we are excited to welcome them to their clinical responsibilities at Ear, Nose & Throat Surgeons of WNE. They will work closely with our seven physicians in providing appropriate follow up care to our established patients.

With these new hires, we hope to meet all of your needs in referring your patients to our practice.

allergy shots for patients suffering from environmental allergies. Following allergy testing in our Allergy Department and an evaluation by one of our physicians, allergy treatment options including injection therapy (shots) and sublingual immunotherapy (SLIT) will be offered to the patient testing positive for allergies.

SLIT is a custom-mix of what the patient is allergic to, taken in small doses over a three to five year span to increase tolerance or immunity to the allergen(s). The patient places the drops under their tongue in the quantity and frequency prescribed by our physician, in the convenience of their own home. They are seen by the physician in follow up, and dosing is adjusted throughout the treatment.

Because SLIT is considered an "off label" use by the FDA, it is not a covered expense by most insurance plans. However, the World Health Organization has endorsed sublingual immunotherapy as a viable alternative to injection therapy.



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Ear, Nose and Throat Surgeons Offers Robotic Surgery to Springfield

By Daniel Plosky, MD

Robotic surgery is headlining everything from the national evening news to billboards on our own route 91. Hospitals are buying the newest technologies and advertising its availability to better attract patients and gain their confidence. In early 2010 the FDA approved the use of the surgical robot in head and neck applications. A handful of visionary ENT surgeons saw the potential to use the daVinci instrument to perform surgeries that were not possible with the tools we had in the past.

The surgical robot consists of a set of arms which are controlled by a surgeon sitting at a nearby console. The surgeon has a high def 3D scope which allows amazingly detailed visualization of the operating field. The instruments he controls are the size of pencils but have a range of motion that can go 360 degrees around and even double back on themselves. In some ways it's like being able to paint a picture with four brushes at the same time with great precision and visualization in a space no bigger than a Dixie cup!

Only a handful of patients are appropriate for treatment with the daVinci. In particular, certain forms of obstructive sleep apnea (OSA) and early stage cancers of the throat can be cured with the assistance of the robot. Patients with those conditions are examined in the office to determine if they are in fact a candidate for the specialized procedures. If their OSA is found to be due to a large base of tongue which blocks their breathing when they sleep, then they are referred to see a daVinci specialist for a detailed discussion of the surgery and their expectations during recovery. Cancers which have been treated with the daVinci include early stage tonsil, supraglottic, pharyngeal and tongue lesions.

As a patient having a daVinci procedure, one could expect to stay in the hospital for anywhere from one to five days after surgery to allow for healing, and to get appropriate medications and simple nutrition before going home. The surgery is performed under general anesthesia so the patient is completely at rest. The patient's mouth is held open with a special retractor and

the small camera and instrument arms are placed inside to help see and operate on regions of the throat not accessible without the robot.

In Massachusetts the surgery is only available in Springfield and Boston. If you have OSA or early stage throat cancer and are referred for surgical management of your condition, the surgeons at Ear, Nose and Throat Surgeons of Western New England will be able to offer you cutting edge technology that is conveniently located close to home.



everseat Need to book an appointment?

Everseat is a mobile app that is revolutionizing the supply & demand for appointments, services and experiences. This free app enables people to search for, plan and book appointments at the last minute. Service providers (physicians, dentists, hair stylists, massage therapists, restaurants - anyone who relies on booked appointments for their business) can seamlessly fill cancellations or open spots within their schedules. Providers post their open appointment slots and

consumers can request the slot right from their smart phone. The provider's staff can then confirm or deny the request, allowing the consumer to plan on the spot. Consumers can even "favorite" their providers and turn on the powerful "Need It" setting to be notified when one of their favorite providers has an opening. This app has worked very successfully within our medical practice, both in filling open spots and in accommodating those patients who are in need of a last minute appointment.



Ear, Nose & Throat Surgeons of Western New England, LLC

“We are dedicated to providing state-of-the-art, quality care to patients of all ages in the area of **otolaryngology and head & neck surgery.**”

www.entsurgeons.us



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Meet Our Physicians



Barry Jacobs, MD, FACS

- Medical School: Tufts University School of Medicine
- Residency: Boston University/Tufts University Combined Program in Otolaryngology - Head & Neck Surgery
- Chief of Otolaryngology at Baystate Medical Center
- Board Certified by the American Board of Otolaryngology
- Fellow of the American College of Surgeons
- Past President, Massachusetts Society of Otolaryngology



Jerry Schreiberstein, MD, FACS

- Medical School: Boston University School of Medicine, Cum Laude
- Residency: Boston University/Tufts University Combined Program in Otolaryngology - Head & Neck Surgery
- Board Certified by the American Board of Otolaryngology
- Fellow of the American College of Surgeons
- Fellow, American Rhinologic Society
- Past Chair, Board of Governors, American Academy Otolaryngology-Head and Neck Surgery
- Past President, Massachusetts Society of Otolaryngology



Theodore Mason, MD

- Medical School: University of Vermont College of Medicine
- Residency: University of Illinois at Chicago
- Fellowship in Otolaryngology, Neurotology, & Skull Base Surgery, California Ear Institute at Stanford
- Board Certified by the American Board of Otolaryngology
- Director of the Baystate Medical Center Cochlear Implant Program
- Board of Trustees, Clarke School for the Deaf



Daniel Plosky, MD, FACS

- Medical School: New Jersey School of Medicine
- Residency: Yale-New Haven Medical Center
- Board Certified by the American Board of Otolaryngology



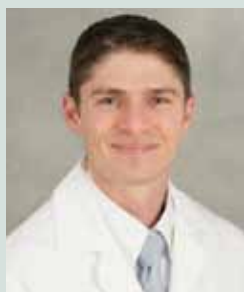
Jacquelyn Reilly, MD

- Medical School: University of Massachusetts
- Residency: Albert Einstein College of Medicine
- Board Certified by the American Board of Otolaryngology



Lauren Busekroos, MD

- Medical School: University of Massachusetts Medical School
- Residency: SUNY Upstate Medical University
- Board Certified by the American Board of Otolaryngology



Robert Eppsteiner, MD

- Medical School: University of Massachusetts Medical School
- Residency: University of Iowa Hospitals and Clinics
- Board Eligible, American Board of Otolaryngology



Meet Our Physician Assistants



Kimberly A. Brown, PA-C



Kelly Bowie, PA-C



Karla Dos Santos, PA-C

Brittany Czarick, PA-C

Services

- Comprehensive ear, nose and throat care (pediatric and adult)
- Minimally invasive endoscopic sinus surgery
- Microscopic laser surgery for airway and voice disorder
- Head & neck cancer surgery
- Benign tumors of head & neck
- Thyroid and Parathyroid surgery, snoring and sleep disorders
- Comprehensive care of acute and chronic diseases of the ear and hearing
- Audiological services including hearing testing, balance assessment, auditory brainstem response testing, custom ear protection, hearing aid fittings and more
- The MiniCAT™ CT scanner for imaging of the sinuses, skull base and temporal bones
- Implantable hearing devices including cochlear implants and Baha implants
- Facial Rejuvenation including Botox and Fillers
- Allergy diagnosis and treatment





Meet Our Audiologists



Cynthia Beauregard, M.A., CCC-A



Alison Cavanaugh, Au.D., CCC-A



Matthew Kelley, Au.D., CCC-A



Rachelle Letendre, M.A., CCC-A



Marcella McDevitt, Au.D., CCC-A

Angela Costanzi, Au.D., CCC-A

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Sleep Medicine Services of Western Massachusetts now with new location in Hadley, MA



Dr. Brian Smith is pleased to announce that, in addition to their sleep center at 3640 Main Street in Springfield, they now offer Home Sleep Testing, DME services, and Respiratory services at 217 Russell Street in Hadley, MA.

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- Narcolepsy
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- Circadian Rhythm Disorders
- Sleep Walking
- REM Sleep Behavior Disorder
- Periodic Limb Movements of Sleep
- Pediatric Sleep Disorders

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**They said nothing
could be done about
hearing loss.**

Good thing he didn't listen.

What drove Dr. Graeme Clark to invent the first multi-channel cochlear implant over 30 years ago? What kept him going when others called him crazy and sometimes worse? His father was profoundly deaf and growing up, all he wanted was to find some way to help. His invention came too late for his dad, but for the hundreds of thousands of people whose lives he helped change, it's been nothing short of a miracle. ***Let there be sound.***

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Hear now. And always

Youthful skin is soft, supple, well hydrated, and rich with cells that renew rapidly. Youthful features include high cheekbones, full cheeks, and well-defined jaw. As we age, we lose facial glands which results in less oil production and less moisture in the skin. We lose collagen and elastin which leads to the formation of dynamic wrinkles like laugh lines, frown lines and crows feet. Due to repeated facial movement, dynamic wrinkles eventually become static lines that are gradually etched into the skin over time. Sagging can occur because skin is no longer able to bounce back as it did in our youth. Facial fat pads shift while the fat pads beneath the chin can increase in prominence. These many facial changes that occur naturally with aging lead to a "tired" appearance.

There is much we can all do to improve our health and to slow the aging process. Lifestyle choices such as sun exposure, smoking, diet, alcohol use, and stress can cause brown spots, rough skin, and wrinkles as well as premature onset and progression of aging. Starting early to decrease these exposures can make a tremendous impact on slowing the process of aging. A proper skin care regime is also imperative and should be started early. Prevention is key.

Proper skin care products provide the basis of daily skin care and need to be tailored to meet the different needs of individual skin. TNS Essential Serum is the foundation for proper skin care. It stimulates the skin's own repair process using a fibroblast based media that contains stabilized growth factors and is proven to improve the appearance of fine lines and wrinkles. It also provides anti-oxidants that help prevent free radical damage and hyaluronic acid that helps trap water like a sponge, therefore providing the necessary moisture that had been lost.

HA5® supports the skin's natural ability to replenish its own hyaluronic acid for overall skin health, providing immediate smoothing in the appearance of fine lines and wrinkles. There is a difference between moisturization and hydration. Moisturization is the process of skin feeling hydrated while hydration increases the water level in the skin. It is the addition of water that helps to combat the signs of aging. Beyond the TNS Essential serum and HA5® products which can decrease fine line production in all patients, individuals have different needs for their individual skin. Different skin types may require brighteners, redness relief, or could benefit from retinols. These concerns should be discussed with your physician to create an individual skin care regime that best suits the needs of your skin and will achieve the greatest outcome.

Despite doing everything correctly, we all ultimately experience



Before



After

aging. Thankfully, there are now many in-office options for patients that are non-surgical, that give immediate results with minimal downtime, and that result in natural looking, long lasting results. Consultation with a facial aesthetic surgeon will provide a careful assessment of the anatomy of the face and neck to develop a plan that is personalized to the patient. The aesthetic goal is to provide patients with a more harmonious and balanced appearance to their face. Achieving a refreshed look is always sought with the foremost goal of providing a natural appearance. Though each patient has unique, individualized needs, there are some common aspects to the aging process that shed light on some of the non-surgical options available to patients.

With aging, the supporting structures of the face weaken and diminish in volume. This gives the face a deflated appearance. Volume restoration refers to the goal of "reinflating" the underlying tissues of the face with a dermal filler agent. This restores a more youthful and natural contour to the areas of the face that are more vulnerable to volume loss. This applies to loss of

volume in the cheeks, lips, and to the deep nasolabial folds and marionette lines.

There are many options to address this loss of volume. Hyaluronic acid is a naturally occurring polysaccharide found in the dermis filling the space between collagen and elastic fibers. It delivers nutrients, hydrates the skin by holding in water, and acts as a cushioning agent. Between ages 40-50 your skin has lost 50% of the HA it had at age 20. Juvederm Ultra XC® and Juvederm Ultra Plus XC® have a high concentration of hyaluronic acid and are sterile, biodegradable, clear, gel implants. FDA approved in 2006 and last 6-9 months or longer. Juvederm Ultra XC® and Juvederm Ultra Plus XC® are injected directly into the skin where the wrinkles and folds are present to instantly smooth away wrinkles and folds. The injection process takes 15 minutes and results are immediate.

As you age its not just about lines and wrinkles – your cheeks lose volume and the skin may sag. Voluma XC® is the first and only FDA approved injectable hyaluronic gel to add volume to the cheek area. It creates contour and subtle lift restoring a more youthful profile for up to two years with optimal treatment. Voluma XC® is specifically designed to be injected deep in the dermis and to lay right on top of the facial bones. This ability to sit deep and stay in place is exactly what makes it ideal for injection into the upper or middle cheek. Voluma XC® has the unique advantage of having longer lasting properties. With appropriate dosing it can last up to two years.

ENTS Referrals

Many wrinkles are actually creases formed by the repetitive contraction of a muscle under the skin in that area. Botox® is a well known neuromodulator that can help achieve a smoother, fresher appearance for the upper one-third of the face, addressing wrinkles of the brow, forehead, and crow's feet. Botox® is a purified protein (botulinum toxin) that acts to relax the muscle responsible for creating the wrinkle. It provides a dose dependant localized weakness that has limited diffusion beyond the injected area. By relaxing the wrinkle causing muscles it creates a smooth and improved appearance. It is a simple, quick, minimally invasive treatment that delivers dramatic results with no down time. The effects may last three to six months.

Given the interaction of dynamic and static lines, the rationale of combined treatment with Botox® and dermal fillers is great. As repeated facial expression cause wrinkles, these wrinkles can become very deep lines after years of repeated facial expression and Botox® alone will not remove their appearance. Clinical studies show a combination of Botox® and fillers often has the best effect. For deep static lines, injection with dermal filler is the primary treatment while Botox® can decrease muscle contraction, thus increasing the longevity of the filler.

Complications with the use of Botox® and dermal fillers are rare and relatively short-lasting. For neuromodulators, side effects include bruising and swelling at the injection site. Upper eyelid drooping can occur when a neuromodulator is injected too close to the upper eyelid. With dermal fillers, bruising, swelling, nodules under the skin, and irritation of the skin can occur. Treatment of this kind is performed in an office setting, making it convenient, private and safe. In comparison to typical cosmetic procedures, injections take less than 45 minutes to perform, and patients may resume normal activities immediately.

To determine what options would be most appropriate, a consultation with a facial aesthetic surgeon is recommended. During a consultation with Dr. Jacquelyn Reilly at Ear, Nose & Throat Surgeons of Western New England, the patient's individual anatomic areas of concern are analyzed, photographs are taken, and an individualized treatment plan is developed for their consideration.

Ear, Nose & Throat Surgeons of WNE is now offering a streamlined process for incoming referrals. Our new referral form includes everything we need to book an appointment for your patient: space for demographics, the preferred provider, reason for the referral and a synopsis of our no show policy. The form is sent to us via fax at 413-732-0650.

Once received, our intake coordinator will get right to work booking an appointment for your patient. He then will send back a confirmation of the date and time to the fax number your office provides. We ask that the referring office contact the patient to notify them of their appointment.

This new referral process is beneficial to both the referring provider, as well as to our office. It will help to limit our phone call volume, as well as limit the time your staff has to spend making lengthy phone calls to our office for patient referrals. Also, multiple appointments can be sent via fax all at once. We feel this is a win for everyone. If you would like to start utilizing our referral form, just call our office at 413-732-7426 and we will send a copy right over for use in your referral department.



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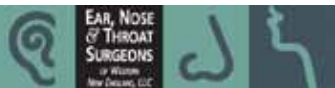
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The Xoran MiniCAT CT Scanner

Through the use of Cone Beam technology utilized with the Xoran MiniCAT CT scanner, we are able to offer high-resolution, bone window imaging of the sinuses, temporal bones, and skull base. This technology provides immediate access to images at the patient's point-of-care, resulting in faster diagnosis and treatment. Ear, Nose & Throat Surgeons of WNE is also proud to be working with several area dentists, recognizing that CT scans are becoming the standard of care for the treatment of dental implants.

Furthermore, the software included with the Xoran MiniCAT CT scanner is compatible with major PACS and IGS systems and features high-definition spatial resolution images with slices as thin as 0.3 mm for temporal bones and 0.4 mm for sinuses. This detail allows our providers to have the ability to examine images in a variety of different views, as well as export images in a variety of formats.

The Xoran MiniCAT CT scanner is designed according to the ALARA principle (As Low As Reasonably Achievable). This innovative technology optimizes x-ray efficiency, minimizing



the radiation dose to the patient while providing unprecedented, high-resolution images of the sinuses, skull base and temporal bones. This means our patients can be assured that they are receiving the lowest dose of radiation possible while still achieving the results needed for diagnosis and treatment.

When a view of the paranasal sinuses is necessary, but a reduction of dose is also important, the Xoran MiniCAT CT scanner allows both without compromise. This scanner is capable of reducing the dose for every sinus protocol while maintaining the same field of view necessary for paranasal sinus evaluation and compatibility with IGS. This is especially important for pediatric patients or adults that require follow-up CT scans.

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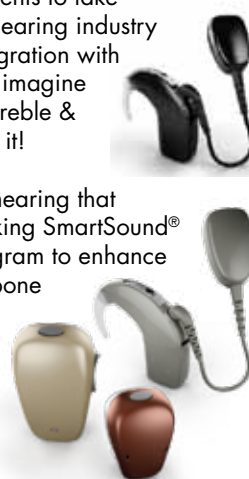
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Opn separates speech from noise and lets you focus on what's important. And because Opn works in harmony with your brain to process sounds exceptionally fast, you get better speech understanding, less listening fatigue, and you'll remember more of your conversations.

For more information, contact the Audiologists at Ear, Nose & Throat Surgeons of Western New England at 413-233-2036.



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