

## Physician resources

**Interested in learning more about balloon sinus dilation? Do you want to discuss with your current primary care physician?**

We have created this resource guide to help your primary care physician familiarize her/himself with balloon sinus dilation. Please share this document with your physician.

### What is balloon sinus dilation?

Balloon sinus dilation is a new, minimally invasive office procedure that reopens the sinus pathways and restores drainage to deliver immediate and long lasting relief to recurrent and chronic sinusitis sufferers. In balloon sinus dilation, the ear, nose and throat specialist seeks to reshape anatomy by inflating small balloons in sinus ostium and drainage pathways to restore drainage.

### Support for the role of balloon sinus dilation in the treatment of sinusitis

Both the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the American Rhinologic Society (ARS) have released policy statements affirming the role of balloon sinus dilation in the treatment of select patients with sinusitis.

View the AAO-HNS balloon dilation policy statement:

<http://www.entnet.org/Practice/Balloon-Dilation.cfm>

View the ARS balloon dilation policy statement:

<http://www.american-rhinologic.org/patientadvocacy.balloon.phtml>

### Balloon sinus dilation clinical literature library

Balloon sinus dilation is safe, effective, durable and well tolerated by patients. A regularly updated bibliography of clinical literature on balloon sinus dilation can be found at

[http://www.entellusmedical.com/physicians\\_library.htm](http://www.entellusmedical.com/physicians_library.htm)

Key subjects covered include:

- Effectiveness outcomes for patients receiving balloon sinus dilation
- Safety of balloon sinus dilation
- Patient selection for balloon sinus dilation
- Transantral balloon sinus dilation of the maxillary sinus
- Balloon sinus dilation in the office
- Cost of sinus disease management

# Sinusitis Success Story

## Entellus Medical's Balloon Sinus Dilation Technologies

To learn more about FinESS™, including clinical results, indications for use, and contraindications, visit:

[http://www.entellusmedical.com/finess\\_overview.htm](http://www.entellusmedical.com/finess_overview.htm)

To learn more about XprESS™, including clinical results, indications for use, and contraindications, visit:

[http://www.entellusmedical.com/xpress\\_overview.htm](http://www.entellusmedical.com/xpress_overview.htm)

## Other resources:

### Contact Entellus Medical

To discuss balloon sinus dilation with an Entellus representative, contact Entellus directly at:

Phone: 866-620-7615

Email: [info@entellusmedical.com](mailto:info@entellusmedical.com)

Mailing address:  
Entellus Medical  
6705 Wedgwood Court North  
Maple Grove, MN 55311

### Talk to an ENT trained in Balloon Sinus Dilation

Use the "Find-A-Doctor" tool on [www.sinussurgeryoptions.com](http://www.sinussurgeryoptions.com) to locate a local ENT who is trained in and knowledgeable about balloon sinus dilation technologies:

<http://sinussurgeryoptions.com/find-a-doctor/sinus-ent-doctors.php>

# Sinusitis Success Story

## Conversation Guide

The purpose of this guide is to allow you to collect information on your experience with your symptoms in order to help inform your conversation with your physician. It does not aim to replace a conversation with your physician, nor reflect all of the questions your physician may ask in assessing your symptoms and making a diagnosis.

## Your symptoms

Please circle any/all symptoms you are currently experiencing:

Nasal Congestion

Headache

Difficulty breathing through your nose

Fatigue

Thick yellow or greenish discharge from your nose

Bad breath

Facial pain or pressure

Cough

Fever

Sore throat

Nausea

Other: \_\_\_\_\_

If you have facial pain or pressure, please place an "x" on the face below to show where you are feeling that pain or pressure:



Please rate your current facial pain / pressure on a scale of 1 to 5, 1 being no pain, and 5 being the most pain I have ever felt.

On what date did you first start experiencing these symptoms? \_\_\_\_\_

# Sinusitis Success Story

## Your quality-of-life

Have your symptoms interfered with your ability to do any of the following:

Concentrate on work: Yes / No Explain: \_\_\_\_\_

Read: Yes / No Explain: \_\_\_\_\_

Do house or lawn work: Yes / No Explain: \_\_\_\_\_

Sleep: Yes / No Explain: \_\_\_\_\_

Enjoy social activities: Yes / No Explain: \_\_\_\_\_

Other: \_\_\_\_\_

Have you taken any medications (prescription / over-the-counter) to address your symptoms?  
Please list:

\_\_\_\_\_

## Your history

Have you experienced this same or a similar set of symptoms in the last twelve months?

Yes / No

If yes, please list any information about these prior experiences that you recall:

	Episode 1	Episode 2	Episode 3	Episode 4
Date-When symptoms began				
Date-When symptoms ended				
Medications-Prescriptions drugs you used				
Medications-Non-prescription drugs you used				
Did you visit a doctor?	Yes / No	Yes / No	Yes / No	Yes / No