

GREGORY J. ARTZ M.D.
CLAUDELL COX M.D.
ROBERT J. MELECA M.D.
THOMAS W. PFENNIG D.O.
JOSEPH C. TAYLOR M.D.



FACIAL PLASTIC & COSMETIC SURGERY
ALLERGY TESTING & TREATMENT
HEARING AID SALES & SERVICE

Eustachian Tube Balloon Dilation Post-Operative Instructions

The FDA recently (November 2016) approved a new device that is designed to dilate the Eustachian tube and improve its function. The Eustachian tube is designed to provide aeration and ventilation to the middle ear allowing us to hear normally. If the Eustachian tube does not work well, patients are given the diagnosis of Eustachian tube dysfunction (ETD).

Symptoms of ETD include, fluid build-up behind the ear drum, ear fullness, stuffiness, pain and hearing loss. Occasionally patients can have dizziness or unsteadiness from ETD. Common causes include smoking, allergies, obesity, radiation therapy to the head/neck and history of ear infections as a child.

Treatment consists of decongestants, nasal steroid sprays, allergy medications, ear tubes and now balloon dilation.

The Surgery – ET Balloon Dilation

Surgery can be performed either with local anesthetic or under general anesthetic. Insurance currently does not reimburse for local anesthetic in the office, so it would be an out-of-pocket expense of \$3500, however under general anesthesia in a hospital setting, insurance may cover all costs. Please verify with your insurance carrier if you are subject to a deductible and coinsurance expense. If you are, you will be billed for the cost of the surgery from myself, the anesthesia group and the facility in which the surgery was performed.

Surgery takes approximately 15-30 minutes to perform and post-operative pain is minimal. Sometimes fixing a deviated septum or trimming the inferior turbinate is required for the balloon to access the Eustachian tube. A tube or small hole in the ear drum will be required at the time of surgery to prevent ear drum rupture when the balloon is quickly inflated.

Patients can return to work one day after surgery. Post-operative care is simple and only twice daily saline rinses of the nasal cavity are required to help with crusting, mucous and healing. Minor debridement and cleaning of the nose may be required at the first postoperative visit.

Success is determined by improved patient symptoms and no longer needing a tube in the ear drum. It may take a few months to determine whether the surgery was a success.

Gregory J. Artz MD
Neurotology & Otology
Otolaryngology, Sinus and Skull Base Surgery

Southwest Office: 1555 44th Street SW • Wyoming, MI 49509 • (616) 249-8000 • Fax (616) 249-8088
Northeast Office: 1425 Michigan NE Suite A • Grand Rapids, MI 49503 • (616) 459-4514 • Fax (616) 459-5001