Volume 2 • Issue 1

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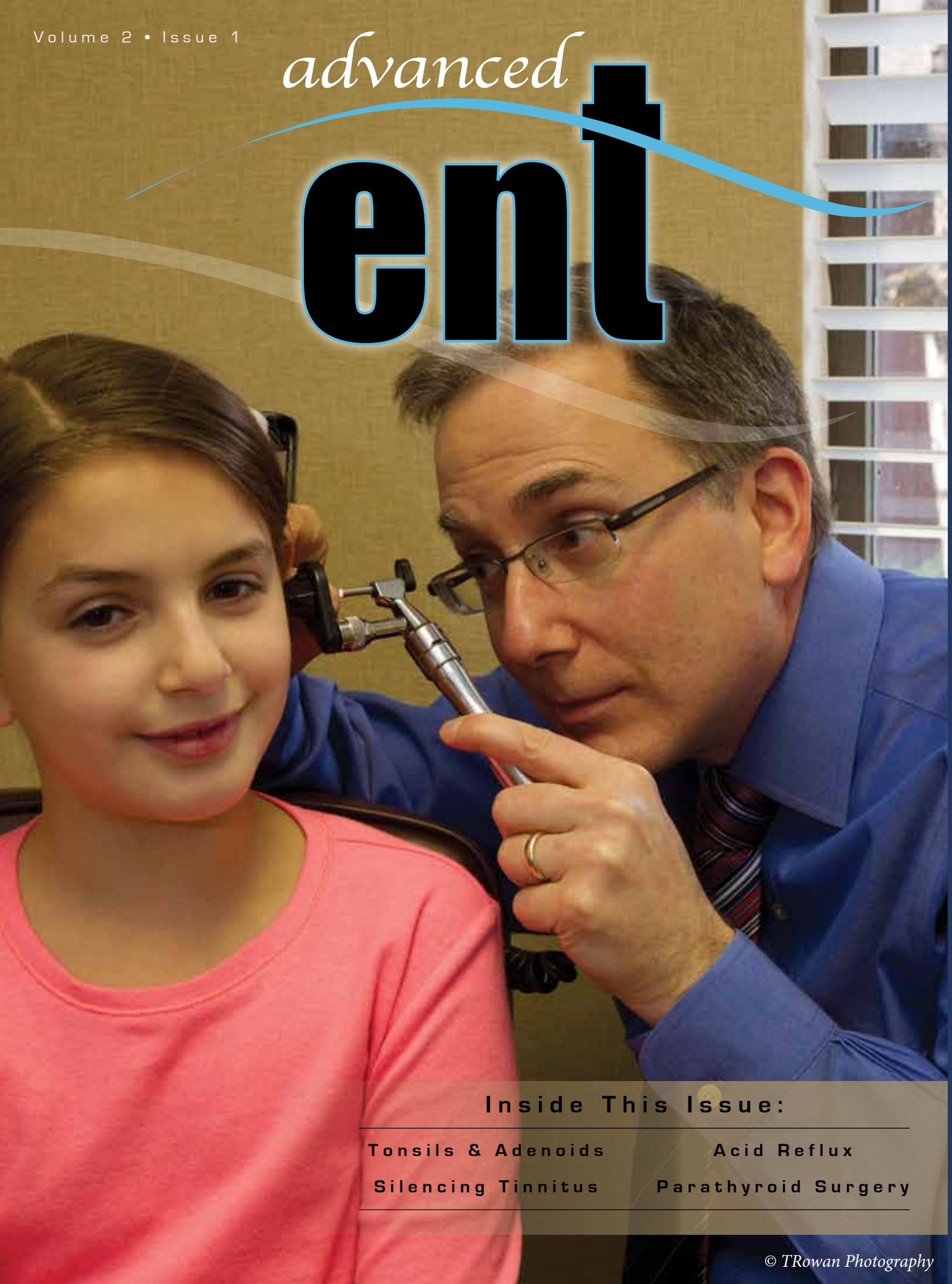

Inside This Issue:

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Cover Photography by P. Todd Rowan, M.D.

Welcome

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Welcome to our second issue of Advanced ENT magazine. We are pleased to share with you some of the exciting changes that our practice has experienced in the past year. In an effort to better serve our patients in this ever-changing health care environment, Advanced ENT:

- Established a Central Call Center
- Adopted a new Practice Management System and Electronic Medical Record
- Created a new website ***www.advancedent.com***
- Introduced a secure online patient portal.

After creating an account on our website, patients can easily complete pre-registration paperwork, schedule and cancel appointments, request prescription refills, apply payment to their accounts, and in the future, obtain lab results and radiology reports.

While we are still experiencing some growing pains, ultimately, these changes will result in enhanced patient care and improved service to you and our patients.

In this edition of our magazine, the cover image features Dr. P. Todd Rowan examining a young patient. Our specialists provide comprehensive pediatric ENT care based on the most up-to-date criteria and are sensitive to the needs of children and the concerns of parents and referring physicians. We also offer the following specialty services:

- Allergy
- Audiology (Hearing Services)
- Balance Disorders
- Facial Plastic & Reconstructive Surgery
- Head & Neck cancer
- Pediatric ENT Care
- Sinus Surgery
- Skin Cancer Treatment & Reconstruction
- Skin Care
- Sleep Medicine
- Thyroid & Parathyroid disorders
- Voice & Swallowing Disorders

As we welcome the New Year, Advanced ENT is proud to share its efforts to support the communities of Southern New Jersey. Charitable contributions were made in 2011 to the following organizations:

- Mental Health Association of Southwestern New Jersey
- Discovery Retreat House Ministries
- Animal Adoption Centers
- Cathedral Kitchen of Camden
- Underwood Memorial Hospital Golf Classic
- Virtua March of Dimes
- Samost Jewish family & Children's Services

We hope that you will benefit and enjoy the clinical otolaryngologic information that follows on the pages within. We are indebted to our sponsors and business partners in the healthcare community for supporting this educational endeavor. It is our intent to continue to provide the very best ENT care in Southern New Jersey.

Happy New Year!

Sincerely,

THE PHYSICIANS AND STAFF OF ADVANCED ENT

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Tonsils and Adenoids

By Roy D. Carlson, M.D.

WHEN most people think of otolaryngology (ENT), tonsils and adenoids readily spring to mind. Surgery of the tonsils and adenoids is among the most frequently performed in the US. But just what are the tonsils and adenoids and why do they matter?

The tonsils and adenoids are lymphoid tissue, part of the body's immune defense system. They, like lymph nodes (also called lymph glands), are the site of first immunologic response, producing lymphocytes to combat infection and inflammation. The tonsils, located at the back of the throat on each side, and the adenoids, behind the nose and above the soft palate, are part of a ring of first line defense of the body, serving to catch incoming infections. Sometimes, however, they become overwhelmed with infection or so enlarged that they create more problems than they prevent. Fortunately, there is plenty of other nearby lymphatic tissue to serve if they need to be removed. At times, many physicians have been reluctant to recommend removal of tonsils and adenoids for fear that the defense mechanisms would become compromised, but that has not proven true over the many years of tonsil surgery. Indeed, the first recorded tonsil surgery occurred in about 1000 BCE and the great Hellenistic physician Galen in the second century AD described a tonsillectomy technique still in use today.

The tonsils and adenoids thus serve the function of immune defense, but can also become the seat of problems. The three principal problems are: infection, enlargement with obstruction, and growths. The most common types of throat infection are viral and those due to bacteria, usually Streptoccus (hence strep throat). Usually these are managed with fluids, pain medica-

The three principal problems related to adenoids and tonsils are: infection, enlargement with obstruction, and growths.

tion, and soothing preparations, as well as antibiotics for bacterial infections (they do not help for viral infections). Peritonsillar abscess can also form, most commonly in teenagers and young adults, and may require drainage of the bacterially produced pus. Some patients develop deep pockets of debris in the tonsil which contributes to a sense of something stuck in the throat and bad breath. In addition, infections of the adenoids frequently contribute to ear infections and to sinus blockage, so that their removal may be part of the treatment of chronic otitis and sinusitis.

Like all lymphoid tissue, the tonsils and adenoids enlarge when the immune system goes into action to combat infection. Usually the enlargement occurs rapidly and slowly returns to normal. Sometimes, however, the tonsils and/or adenoids remain enlarged. Such enlargement can lead to blocked breathing passages with snoring or sleep apnea (cessation of breathing during sleep), to mouth breathing, even to difficulty swallowing. There is evidence that this enlargement can affect the growth of the teeth and jaw in children and may impede satisfactory orthodontic care. Adenoid infection may contribute to ear problems and obstruction of sinus drainage.

Growths of the tonsils are not common but should be evaluated. Simple cysts may not require any treatment, but abnormal growths suggests the possibility of cancer, especially on smokers and consumers of alcohol. In recent years there has been a dramatic upsurge in tumors related to the human papilloma virus (HPV), the same virus implicated in female cervical cancer. Some patients have small warty growths – usually these are papillomas – and these need to be evaluated and often removed. Whether the use of the recently available vaccine Gardasil will reduce this trend remains to be seen.

The treatment of tonsil problems must correspond to the type of problem. Infections may require antibiotics (only for bacterial infections) and occasionally drainage. When infections become too frequent, tonsillectomy may be a reasonable alternative. The Academy of Otolaryngology in conjunction with the Academy of Pediatrics, our professional society, has provided guidelines for consideration of removal for chronic disease: 7 episodes in one year, 5 a year for two consecutive years, or 3 a year for 3 or more years. These are guidelines, and any decision about surgery will depend on each patient's individual history and situation, but the evidence is clear that in these patients, tonsillectomy markedly reduces infections and improves the quality of life. Currently, obstruction is far more commonly the reason for tonsillectomy, especially in children. If there is proven sleep apnea, tonsillectomy and adenoidectomy is very frequently curative in children (less commonly in older adults). Snoring usually subsides as well. The decision about the best method of assessing the degree of obstruction depends on the individual patient and circumstances. Adenoidectomy for nasal obstruction or recurrent otitis media may also be recommended, often after a trial of nasal steroid spray.

Tonsillectomy and/or adenoidectomy has become safer over the last several decades. In part this reflects the improvements in anesthesia monitoring and techniques; in part it is the training and experience of ENT surgeons. There are several methods of tonsillectomy, including that described by Galen nearly 2000 years ago. Some surgeons prefer traditional instrument techniques, others cautery, still others coblation. The choice of technique depends on the preferences and experience of the surgeon. Most patients can have surgery as an outpatient and return home that day with analgesics and the recommendation to take lots of fluids. Patients with severe sleep apnea or other risk factors may require overnight hospitalization. The recovery form tonsillectomy is not easy. The pain is substantial and there is a small risk of bleeding in the several days after surgery (about 1% of patients in young children and up to 5% in adults). Your surgeon can discuss this with you as you consider tonsil surgery. The good news is that once recovery is complete, throat problems are much reduced and obstruction often greatly eased.

Silencing Tinnitus

By Beth M. Savitch, MA, CCC-A

AUDIOLOGISTS and hearing instrument professionals meet with a very diverse client population. However, common questions often emerge across patient visits, regardless of age or sex. "Why do I have ringing in my ears?" and "What can be done to make the ringing stop?" These are not easy questions to answer because everyone's subjective response to the tinnitus is different.

Ringing in the ears is most commonly known as tinnitus (pronounced "tin-night-us" or "tin-nit-us"). It is defined as a sound heard when there is no physical sound source present. Although it is most often referred to as "ringing in the ears," tinnitus also is described by patients as high-pitched, hissing, roaring, whistling, chirping, buzzing, pulsing or clicking. Tinnitus can be intermittent or constant, and its perceived volume can range from very soft to extremely loud. It is heard in one ear, both ears or in the head. For some people, tinnitus is very mild and is easily ignored. For others, tinnitus can be so severe it causes a loss of concentration, disturbs or prevents sleep and, in some cases, can cause psychological distress.

The American Tinnitus Association estimated 50 million Americans suffer from tinnitus to varying degrees. Research suggests tinnitus may originate from the ear, the brain and/or the neural network, but the actual process by which tinnitus is produced by the body is not yet known. Most commonly, tinnitus is associated with hearing loss, but it also can occur when no hearing loss is present. The main causes linked to tinnitus include, but are not limited to: wax or cerumen buildup in the ear canal; ear drum or tympanic membrane perforation; middle ear pathology; sudden, repeated or prolonged exposure to loud noise; trauma to the head or neck; high or low blood pressure or anemia; jaw misalignment; cardiovascular disease; and such medications as aspirin and chemotherapy drugs. Although rare, tinnitus can be a symptom of a benign tumor on the auditory, vestibular or facial nerves.

What should someone do if they suffer from tinnitus? First and foremost, they should be referred to an Otolaryngologist (ear, nose and throat doctor) to determine if there is a treatable medical condition causing the tinnitus. Most likely the patient will then be referred to an audiologist to have a comprehensive hearing test. The doctor and audiologist work together to recommend the most appropriate treatment options.

Tinnitus varies greatly from patient to patient, and so do available treatments. What works for one person may not work for another. Some people may need a combination of treatments to get relief. Since tinnitus most commonly is associated with hearing loss, the use of hearing aids has been shown to reduce or even eliminate sounds in the ears. Wearing a hearing aid makes it easier for people to hear the sounds they need and want to hear by making them louder. The better you hear other people talking or the music you like, the less you notice your tinnitus.

Tinnitus maskers are another option when seeking relief. Maskers are small, electronic devices that use sound (a "white noise" or a "shhh' sound) to make tinnitus less noticeable. The goal of a masker is to provide immediate relief from the perception of the unwanted sounds. Maskers do not make tinnitus go away, but they make the ringing or roaring seem softer. For some people, maskers hide their tinnitus so well that they can barely hear it. These nonmedical treatment options are prescribed by an audiologist.

Other treatment approaches include use of hearing protection (earplugs and earmuffs) to prevent further damage to the ear from loud noises. Biofeedback is another method where relaxation techniques are taught to the sufferer to help him or her learn to ignore the tinnitus. Cognitive or behavioral therapy also is recommended. This is counseling based on treating the emotional reaction to the tinnitus rather than the tinnitus itself. Some people turn to such alternative therapies as vitamins, acupuncture, homeopathy and hypnosis. It is best for patients to discuss all options with a physician before starting any type of alternative treatment regimen.

How can someone learn more about tinnitus and find help? If a patient suffers from tinnitus, first urge him or her to contact an ear doctor or audiologist as soon as possible. Tinnitus treatment centers are now located across the United States. Tinnitus support groups are being started on a regular basis at the local level and are an invaluable resource for emotional support and education. The following organizations are dedicated to helping people who suffer from tinnitus and the professionals that treat them.

SOURCES:

- American Tinnitus Association (www.ATA.org)
- Better Hearing Institute (www.betterhearing.org)
- National Institute on Deafness and other
- Communication Disorders (www.nidcd.nih.gov)

Beth Savitch is a professional audiologist.

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JANUARY

THYROID AWARENESS MONTH

SU	M	TU	W	TH	F	SA
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MAY

BETTER HEARING & SPEECH MONTH

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SEPTEMBER

LEUKEMIA & LYMPHOMA AWARENESS MONTH

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FEBRUARY

HEART MONTH

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MARCH

NATIONAL NUTRITION MONTH

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APRIL

AUTISM AWARENESS MONTH

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JUNE

MEN'S HEALTH MONTH

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JULY

CLEFT & CRANIOFACIAL AWARENESS MONTH

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AUGUST

IMMUNIZATION AWARENESS MONTH

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OCTOBER

BREAST CANCER AWARENESS MONTH

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NOVEMBER

LUNG CANCER AWARENESS MONTH

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DECEMBER

SAFE TOYS & GIFTS MONTH

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Vision Statement

Advanced ENT constantly strives to provide services that are relevant and appropriate to the needs of our community in this changing environment of health care delivery.

Mission Statement

The mission of Advanced ENT is to provide effective, compassionate and responsible medical and surgical care to disorders involving the ears, nose, throat, head and neck.

Advanced ENT will provide this care through a comprehensive approach that encompasses our specialty services:

Adult Ear, Nose & Throat Care
Allergy
Audiology (Hearing Services)
Balance Disorders
Facial Plastic & Reconstructive Surgery
Thyroid & Parathyroid Disorders
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Robert B. Belafsky, M.D., F.A.C.S.

Dr. Robert B. Belafsky is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at the George Washington University in Washington, D.C., and earned his medical degree from the State University of New York at Downstate Medical College in Brooklyn, New York. Dr. Belafsky served his residencies at Lankenau Hospital and at Thomas Jefferson University Hospital, both in Philadelphia, Pennsylvania. He is a fellow of the American College of Surgeons and the Philadelphia College of Physicians. Dr. Belafsky is Chief of Otolaryngology at Lourdes Medical Center-Burlington County.

Howard J. Bresalier, D.O., F.A.O.C.O.

Dr. Howard J. Bresalier is certified by the American Board of Otolaryngology – Head and Neck Surgery. He received premedical training at Emory University in Atlanta, Georgia, and earned his medical degree from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa. Dr. Bresalier served his residency at Botsford General Hospital in Detroit, Michigan. He is a member of The American Osteopathic Association, and is a fellow of the American Osteopathic College of Otolaryngology. Dr. Bresalier serves as Head of Otolaryngology at Kennedy Health System.

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Dr. Harry Cantrell is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at Drexel University in Philadelphia, Pennsylvania, and earned his medical degree from The Milton S. Hershey Medical Center of the Pennsylvania State University College of Medicine. Dr. Cantrell completed his internship at York Hospital in York, Pennsylvania, and his residency at the University of Maryland Hospital in Baltimore, Maryland. He is a fellow of the American College of Surgeons.

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Dr. Roy D. Carlson is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received his premedical training at Yale University in New Haven, Connecticut, and then he attended Yale University School of Medicine to earn his medical degree. He completed his internship and residency at Yale University as well. Dr. Carlson is chief of Otolaryngology at Virtua Memorial.

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Dr. Stephen P. Gadomski is certified by the American Board of Otolaryngology-Head and Neck Surgery. He earned a B.S. in Biology and Chemistry from Boston College, a masters degree in Zoology from Rutgers University, and his medical degree from Thomas Jefferson University in Philadelphia, Pennsylvania. He served his internship in general surgery at Einstein Medical Center in Philadelphia and his Otolaryngology residency at Thomas Jefferson University. He is a fellow of the American College of Surgeons and a member of many other professional medical organizations. He is president of the medical staff at Virtua South and serves as Chief-Section of Otolaryngology Head and Neck Surgery there as well.

Ashmit Gupta, M.D.

Dr. Ashmit Gupta is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at the University of Pennsylvania, and earned his medical degree and Master of Public Heath degree from George Washington University in Washington, D.C. Dr. Gupta completed his internship and residency at George Washington University as well.

Patrick J. Hall, M.D., F.A.C.S.

Dr. Patrick J. Hall is certified by the American Board of Otolaryngology-Head and Neck Surgery as well as the American Academy of Facial Plastic and Reconstructive Surgery. He received premedical training at the Philadelphia College of Pharmacy and Science, and earned his medical degree from the University of Medicine and Dentistry in Newark, New Jersey. Dr. Hall served his otolaryngology residency at the University of South Florida in Tampa, Florida. He completed fellowship training in Facial Plastic and Reconstructive Surgery with Dr. Richard Farrior in Tampa, Florida. He is a fellow of the American College of Surgeons and serves as Chief of Otolaryngology and Facial Plastic Surgery at Underwood Memorial Hospital.

P. Todd Rowan, M.D., F.A.C.S.

Dr. P. Todd Rowan is certified by the American Board of Otolaryngology-Head and Neck Surgery and its subspecialty of Sleep Medicine. He received premedical training at the University of Pennsylvania, and earned his medical degree from New York University School of Medicine. Dr. Rowan served his residency at the Hospital of the University of Pennsylvania and Children's Hospital of Philadelphia, after which he underwent formal training as a fellow in otology with Dr. Herbert Silverstein in Sarasota, Florida. Dr. Rowan is a fellow of the American College of Surgeons. He serves as medical director of the Balance Center at Underwood Memorial Hospital and Kennedy Health System, and he is the medical director of the Sleep Center at Virtua Washington Township.

David N. Schwartz, M.D., F.A.C.S.

Dr. David N. Schwartz is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at the College of William and Mary in Williamsburg, Virginia. He attended Boston University School of Dental Medicine earning a degree in dentistry followed by a medical degree from Boston University School of Medicine in Massachusetts. Dr. Schwartz completed his surgical and otolaryngology residencies at the State University of New York in Syracuse, New York. He is a fellow of the American College of Surgeons. He serves as the Chief of Surgery at Underwood Memorial Hospital.

Rasesh P. Shah, M.D., F.A.C.S.

Dr. Rasesh P. Shah is certified by the American Board of Otolaryngology-Head and Neck Surgery. He completed an accelerated seven-year medical program, receiving premedical training at the New Jersey Institute of Technology, and earning his medical degree from New Jersey Medical School at the University of Medicine and Dentistry in Newark, New Jersey. Dr. Shah completed his internship and residency at UMDNJ in Newark, New Jersey as well. He is Program Director of Otolaryngology at Lourdes Specialty Hospital. He is a fellow of the American College of Surgeons.

Samir Shah, M.D., F.A.C.S.

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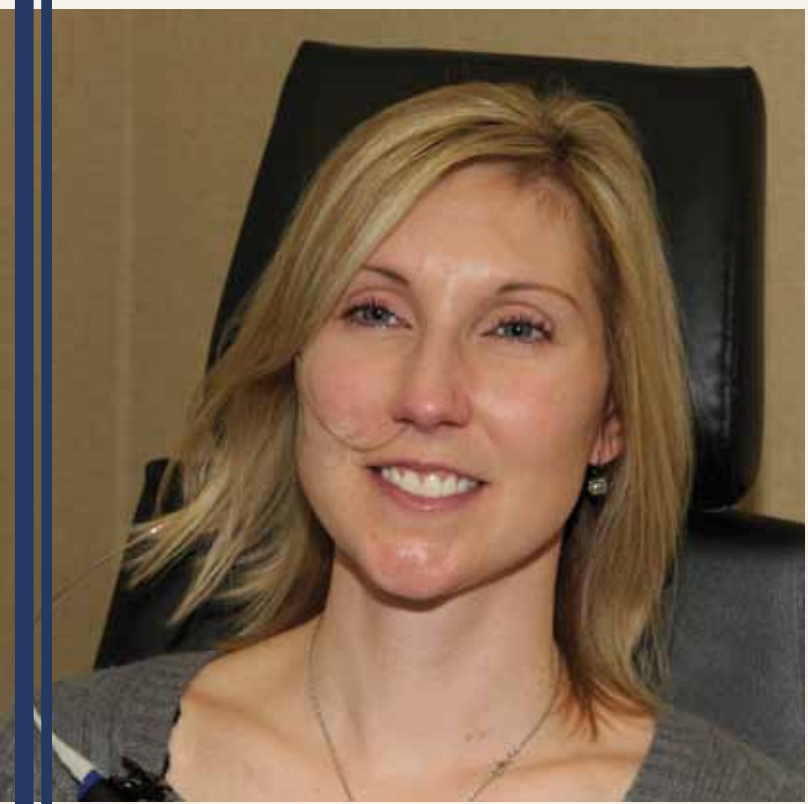
Acid Reflux

By Robert Belafsky, M.D.

IT is estimated that 33% of Americans have acid reflux disease, and the prevalence of this condition makes it the most expensive gastrointestinal disorder in the United States. At Advanced ENT, your specialist physicians are skilled in the diagnosis and treatment of this increasingly common problem.

Gastroesophageal reflux disease (GERD) is a condition in which the stomach contents, food or liquids, leak backwards from the stomach into the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms.

The lower esophageal sphincter (LES) is a ring of muscle fibers in the diaphragm that prevents food from moving backward into the esophagus. If this sphincter muscle doesn't close well, food, liquid, and stomach acid can leak back into the esophagus. This is called reflux or gastroesophageal reflux. Reflux may cause symptoms, or it can even damage the esophagus. There are several reasons why the LES may not function properly.



The Restech probe and transmitter in use on a patient

Risk factors that may increase the possibility of reflux include: obesity, hiatal hernia (when a portion of the stomach moves above the diaphragm), pregnancy, alcohol and smoking. Heartburn and gastroesophageal reflux can be brought on or made worse by diet and many different medications. Such drugs include: some high blood pressure medications (including beta blockers, and calcium channel blockers), some asthma medications (bronchodilators), certain types of sedatives and antidepressants, and medications for birth control or abnormal menstrual bleeding,

The most common symptoms associated with gastroesophageal reflux disorder (GERD) are heartburn or a burning in the chest, nausea after eating or the feeling of food getting stuck. In many instances, these symptoms may be worsened by bending or stooping, lying down after eating, or eating late at night. Some of these symptoms may be relieved by antacids.

Larngopharyngeal reflux (LPR) is a more silent form of LES dysfunction and may be responsible for some instances of cough or wheezing, thick mucus sensation in the throat, chronic throat clearing, difficulty swallowing, hoarseness or voice changes and sore throat.

Many people with LPR do not have symptoms of heartburn. Compared to the esophagus, the voice box and the back of the throat are significantly more sensitive to the effects of the acid on the surrounding tissues. Acid can pass quickly through the food pipe and may not have a chance to irritate this area. However, acid that pools in the throat and voice box will cause prolonged irritation resulting in the symptoms of LPR.

After a detailed history is taken, your Advanced ENT specialist performs a complete head and neck examination. Particular attention is placed on the nose and throat area. A Flexible Fiberoptic Laryngoscope, allowing a detailed look at the voice box and throat, is frequently used to identify inflamed and reddened areas of the hypopharynx and larynx that are frequently indicative of LPR.

The doctors at Advanced ENT have taken the diagnosis of GERD and LPR a step further. If symptoms are severe or fail to resolve with medical treatment, a test called ambulatory hypopharyngeal 24-hour pH monitoring (Restech) is commonly used to verify the diagnosis. This test involves inserting a tiny fiber through the nose into the back of the throat. This small tube has a special glass sensor on

its end which painlessly measures the amount of acid that backs up into the esophagus and throat. The fiber is connected to a small pocket size computer which records the activity in a 24 hour period. In this way your ENT specialist can distinguish throat, hoarseness and swallowing symptoms from other possible causes including allergy, post nasal drip, and sinus issues.

Treatment recommendations for LPR may include: posture changes and weight reduction, diet modifications, and medications to reduce stomach acid or promote more normal GI activity. Frequently within a few weeks many of the patients we see for cough, swallowing, throat and vocal problems will experience relief of symptoms.

In some patients in which the diagnosis remains unclear, your Advanced ENT consultant may recommend an office based trans-nasal esophagoscopy. Utilizing a very small diameter flexible fiberoptic scope, along with minimal nasal and oral topical anesthesia, the entire esophagus and a large portion of the stomach can be visualized.

Basic treatment recommendations usually include:

- Smoking cessation. Smoking will cause reflux.
- Avoid tight fitting clothes around the waist.
- Avoid eating three hours prior to bedtime. In fact, avoid eating a large meal at night.
- Weight loss. For patients with recent weight gain, shedding a few pounds is often all that is required to prevent reflux.
- Foods to avoid: caffeine, cola beverages, citrus beverages and mints, alcoholic beverages, particularly at night, cheese, fried foods, eggs and chocolate.
- For patients with more severe symptoms, it is helpful to sleep with the head of the bed elevated. Six inches of bed elevation will decrease reflux significantly.
- Antacids after meals and at bedtime may be used although they do not last very long. Common side effects of antacids include diarrhea or constipation.
- Other over-the-counter and prescription drugs can treat GERD. They work more slowly than antacids but give you longer relief. Your pharmacist, doctor, or nurse can tell you how to take these drugs.
- Proton pump inhibitors (PPIs) decrease the amount of acid produced in your stomach
- H2 blockers (antagonists) lower the amount of acid released in the stomach

Most people respond to lifestyle changes and medications. However, many patients need to continue taking drugs to control their symptoms.

Complications of incompletely treated reflux may include:

- Asthma
- Barrett's esophagus (a change in the lining of the esophagus that can increase the risk of cancer)
- Bronchospasm (irritation and spasm of the airways due to acid)
- Chronic cough or hoarseness
- Dental problems
- Esophageal ulcer
- Stricture (a narrowing of the esophagus due to scarring)

Your doctor at Advanced ENT is your specialist not only capable of diagnosing and treating disorders of the ears, nose, throat, and sinuses, but can also distinguish these common problems from those associated with gastroesophageal reflux disorder and laryngopharyngeal reflux as well.

Parathyroid Surgery

By Howard J. Bresalier, D.O.

PRIMARY hyperparathyroidism (PHPT) is a disorder of calcium and bone metabolism that occurs when there is excessive secretion of parathyroid hormone (PTH). This results in hypercalcemia and causes problems including renal calculi, bone demineralization, fatigue, arthralgias, abdominal pain, and other metabolic complications. Treatment for this disease process is surgical resection of the offending growth, otherwise known as a parathyroid adenoma. Traditionally this surgery included a 5-7 centimeter incision with exploration of the neck and all four parathyroid glands. Due to previous success rates at 95-98%, surgeons have benefited from recent technological advancements that provide for the same success rates. Now, using minimally invasive (in some cases, an outpatient approach), surgeons can remove the specific gland causing the PHPT. In 90% of the patients with this disease, the removal of only one diseased gland is required.

Management in the hypercalcemic patient requires several steps. While many other diseases cause hypercalcemia, including malignancies and sarcoidosis, accurate diagnosis of hyperparathyroidism is made by repeated elevation of serum calcium and PTH. Elevation of both is virtually diagnostic of a parathyroid adenoma. Although this is a benign disease and many patients diagnosed may not exhibit any symptoms for years, the longer the patient has PHPT, the more likely they are to eventually develop symptoms.

The next step after making a positive diagnosis is to locate the tumor or parathyroid adenoma in preparation for surgical removal. The most common localization study is a sestamibi scan. While ultrasound, MRI or CT can be utilized, these tumors are small and inconspicuous and may not appear on anything short of a study that includes nuclear tracing.

Only patients with positive localization studies become candidates for the minimally invasive surgical procedures. Other patients will need to be prepared for various levels of more traditional surgical exploration. One major innovation that allows for technical advancements is the

introduction of the PTH assay. Previously all glands had to be explored, and it was necessary for the pathologist to examine the specimen, requiring more surgical risk and time. With the rapid PTH assay available, a turn -around time of 20-30 minutes allows for an accurate and rapid conformation of success.

Patients with positive localization studies are brought to surgery where their PTH level is measured just prior to surgery. A two centimeter incision is made overlying the area and using a gamma probe that responds to previously injected glands infused with the sestamibi nuclear material like a Geiger counter tracking the parathyroid adenoma. Once located and removed, another PTH is drawn subsequently after ten minutes. Confirming a 50% drop in PTH into the normal range, the patient is considered cured and no further exploration is necessary. These localization studies and PTH assays combined with the gamma probe allows surgeons a minimally invasive surgery with high levels of success and low complications or morbidity.

Audiology Services at Advanced ENT

Advanced ENT has been providing outstanding hearing services for over five decades. Our audiologists work hand-in-hand with our ENT physicians to provide patients with the most comprehensive, state-of-the-art medical care. Our staff of 8 audiologists is trained in all aspects of hearing science, hearing disorders, sophisticated diagnostic procedures and amplification systems and provides care to patients of all ages. Keeping current with advances in diagnostic and hearing aid technology by frequently attending continuing education programs, the audiology staff is dedicated to providing the highest quality, patient-centered care to those suffering from hearing disorders.

Vision Statement

Advanced ENT constantly strives to provide services that are relevant and appropriate to the needs of our community in this changing environment of health care delivery.

Mission Statement

The mission of Advanced ENT is to provide effective, compassionate and responsible medical and surgical care to disorders involving the ears, nose, throat, head and neck.

Advanced ENT will provide this care through a comprehensive approach that encompasses our specialty services:

Adult Ear, Nose & Throat Care
Allergy
Audiology (Hearing Services)
Balance Disorders
Facial Plastic & Reconstructive Surgery
Thyroid & Parathyroid Disorders
Pediatric Ear, Nose & Throat Care
Sinus Surgery
Skin Cancer Treatment & Reconstruction
Skin Care
Sleep Medicine
Head & Neck Cancer
Voice & Swallowing Disorders

Locations

620 N. Broad Street
Woodbury, NJ 08096
856-602-4000

Staffordshire Professional Center
1307 White Horse Road
Building A, Suite 100
Voorhees, NJ 08043
856-602-4000

239 Hurffville-Crosskeys Rd.
Suite 265
Sewell, NJ 08080
856-602-4000

Other Locations

Atrium Professional Center
1910 East Route 70, Suite 3
Cherry Hill, NJ 08003
856-602-4000

130 North Haddon Avenue
Haddonfield, NJ 08033
856-602-4000

103 Old Marlton Pike
Suite 219
Medford, NJ 08055
856-602-4000

204 Ark Road, Suite 102
Mount Laurel, NJ 08054
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Professional Building East
1113 Hospital Drive, Suite 103
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For more information, visit our websites:

www.advancedent.com

Hearing Aid Sales & Services
www.hearmdllc.com

Skin Care Services
www.paragonmedspa.com