Ear, nose and throat care at The Cleveland Clinic has made giant strides over the past 10 years and the Clinic’s otolaryngology services are recognized among the 10 best in the United States by *U.S. News & World Report* magazine. To recognize the growth, multifaceted interactions with other departments, research collaborations within and outside of the institution and the overall excellence of the faculty and residency program, The Cleveland Clinic Board of Governors recognized Otolaryngology as representing the highest ideals of the organization by conferring Institute status. Only a select few groups have been accorded this designation.

The new name, “The Head and Neck Institute,” is contemporary, encompassing all of the multiple facets that embody the specialty today.

“As the Head and Neck Institute, we formalize our standing as one of America’s most distinctive providers of otolaryngology services,” says Marshall Strome, M.D., Institute chairman. “We are positioned for greater achievement and an even higher national profile in years to come.”

Under Dr. Strome’s leadership, the Department of Otolaryngology and Communicative Disorders has grown to 32 full-time faculty, caring for adult and pediatric patients with routine or complex ear, nose and throat disorders, making it one of the largest otolaryngology programs in the United States.

During a year that saw patient visits and surgical procedures grow dramatically, faculty members contributed nearly 100 scientific publications to peer-reviewed medical journals, were appointed to offices in national societies and journals, received numerous awards and grants and served frequently as visiting professors.
From the Chairman

Dear Colleagues:

This year, our former department — Otolaryngology and Communicative Disorders — was given Institute status and is now The Cleveland Clinic Head and Neck Institute. This designation has been accorded to only a few departments considered extraordinary in the critical areas of patient care, research and teaching. Implicit in the designation was national and international stature. In naming the Institute, a contemporary designation that represented the diversity of our specialty was key. Head and Neck encompassed all areas, e.g., otology, rhinology, facial plastics, etc.

Our role as educators will expand this year as we welcome the first class in the Clinic’s new medical school, The Cleveland Clinic Lerner College of Medicine. The school has a five-year curriculum, dedicated to training physician-scientists. A year of research is an integral part of the educational experience. The Head and Neck Institute will welcome these students into our laboratories.

The demand for our clinical services continues to increase. Our new patient volume was up 20% for the year and our operative load increased proportionately. As an example, more than 500 new malignancies were evaluated in the past year.

Our commitment to research was again exemplified by our residents being awarded two of the Academy’s core research grants. This is a testimony to the dedication of our faculty as mentors and scientists. This issue of Otolar-
yngology Advances is but a small vignette of the accomplishments of our faculty. We are delighted to share this publication with our colleagues and friends across the country.

Sincerely,

Marshall Strome, M.D., M.S., F.A.C.S.

Vocal Outcomes Remarkable After Dual Laser/ 
Cryoablation Surgery for Glottic Carcinoma

A novel surgical approach to the treatment of early glottic carcinoma that combines endoscopic CO2 laser resection and cryoablation is yielding remarkably positive outcomes with respect to postoperative voice quality and laryngeal function, report researchers from The Cleveland Clinic’s Voice Center.

The dual technique was introduced about three years ago by Marshall Strome, M.D., chairman of the Cleveland Clinic Head and Neck Institute, based on his hypothesis that destroying an extra margin of tissue with cryoablation might enhance cancer control rates compared with laser treatment alone. In their early follow-up of patients treated with the combined surgery, however, Dr. Strome and his Voice Center colleagues were surprised and delighted to find the procedure was associated with a clear advantage relative to laser surgery with respect to postoperative voice quality.

Overall, their evaluations showed patients who underwent the laser/cryo surgery were achieving phonatory function and vocal performance that was equal to or better than their preoperative status and that was even normal in many individuals.

“We have never before seen voices like these in patients treated for laryngeal cancer, and the outcomes are particularly extraordinary considering that some of the patients we treated had fairly large tumors,” says Dr. Strome.

Claudio F. Milstein, Ph.D., a speech-language pathologist in the Clinic’s Voice Center, analyzed voice and laryngeal function data from 22 patients who underwent the surgery for stage Tis-T2 laryngeal squamous cell carcinoma, including several in whom radiation therapy failed. Evaluations of preoperative and serial postoperative voice samples were performed in a blinded fashion by voice professionals, and all the subjects were asked to self-rate their voice outcomes. In addition, all patients underwent videostroboscopic examination.

All patients had moderate to severe impairment preoperatively, but after a mean postoperative follow-up of 19 months (range, 3 to 38 months), most patients showed significant improvement, with 30% having normal voices and phonatory function. The results of the patient ratings were also highly favorable. About 72% indicated there was a significant improvement when comparing their postop and preop voice and 14% considered themselves as having achieved moderate improvement.

The videostroboscopy studies revealed the surgically created defects healed with volume restoration, temporally improved pliability and good vibratory dynamics, reports Dr. Milstein.

continued on page 3
First Class Begins at Cleveland Clinic Lerner College of Medicine

The first class of The Cleveland Clinic Lerner College of Medicine began in July with a prestigious faculty that will include members of the Head and Neck Institute staff.

There was tight competition for placement in the class — about 600 students applied for the 32 spots in the five-year program that combines the medical education and research programs at The Cleveland Clinic and Case Western Reserve University to prepare physician-investigators and scientists dedicated to advancing biomedical research and practice.

All Head and Neck Institute staff members are expected to join the faculty. Already appointed as professors are Marshall Strome, M.D., M.S., Ramon Esclamado, M.D., Gordon Hughes, M.D., Robert Katz, M.D., Craig Newman, Ph.D., Peter Weber, M.D., and Judith White, M.D., Ph.D.

According to the National Academy of Sciences’ Institute of Medicine, less than 2 percent of physicians in the United States are currently prepared to perform clinical research.

“The Cleveland Clinic has long been committed to medical education and research in addition to its mission of providing extraordinary patient care,” said Floyd D. Loop, M.D., chief executive officer of The Cleveland Clinic. “This historic partnership will have a significant impact on medicine, research and education.”

The school is named in honor of a $100 million gift made by Al Lerner, longtime Cleveland businessman, friend of the Clinic and owner of the Cleveland Browns, who died in 2002.

The program has been extended to five years — two years in basic science disciplines and three in core clinical experience, elective rotations and a research project unique to each student. Students may elect to extend their training even further and obtain a doctoral degree in addition to their medical degree.

continued from page 2

Vocal Outcomes

“Those findings are remarkable. Knowing that cryoablation produces cell necrosis, we anticipated seeing more scar tissue that would prevent the vocal folds from vibrating well and lead to hoarse voices. Instead, we noticed the tissues were becoming more and more pliable over time, and the appearance was so normal in some cases that an observer blinded to the status would not even think surgery had been performed,” Dr. Milstein says.

The results from the voice studies and videostroboscopy were presented at the Voice Foundation meeting in Philadelphia in June.
Bone-Anchored Hearing System Fills Important Niche

Indicated for mixed or conductive hearing loss, single-sided deafness

Audiologists and surgeons at The Cleveland Clinic Implantable Hearing Device Center are collaborating to use new technology to bring patients into a better world of sound.

One of the newest devices available through the Center is the BAHA Hearing System (Entific). Based on the principle of bone conduction, the system consists of an external sound processor attached to a small titanium implant placed in the bone behind the ear. The BAHA Hearing System is indicated for people with mixed or conductive hearing loss and single-sided deafness (SSD). In SSD patients, the system is placed on the deaf side and sound travels across the head through the skull bone to stimulate the cochlea of the opposite ear.

During the approximately 12 months the BAHA Hearing System has been available through the Center, members of The Cleveland Clinic Head and Neck Institute and their patients have been highly satisfied with it, reports Craig Newman, Ph.D., section head, Audiology.

“The BAHA Hearing System has really allowed us to fill unmet needs for these patients. It offers an exciting new level of hearing aid alternatives for individuals we were not able to fit with conventional amplification, and it is demonstrating a very positive effect on quality of life,” he says.

Patients fitted with the BAHA Hearing System have undergone pre- and post-implantation evaluations using the Hearing Handicap Inventory. The results of that instrument show the device has been associated with significant reductions in perceived handicap. Not only are patients showing improved communication function in a variety of listening situations, they are also demonstrating improved psychological function, particularly as measured by experiencing reduced frustration and isolation.

Now, a formal, 18-month prospective study has been launched to quantify the BAHA Hearing System’s benefits in SSD patients. Study end points include data from a number of objective tests evaluating performance in understanding speech, coping with various types of background noise and being able to localize sound along with various measures to track changes in perceived handicap and disability. Cost utility and cost-effectiveness are also being analyzed.

The study is being undertaken to see if benefits reported in the short-term premarketing clinical trial are durable, Dr. Newman says.

“Currently published clinical trials for this device only followed patients for two months, so we are interested in whether the benefits and patient satisfaction persist. The econometric analyses are also important so we can compare this device with other types of amplification systems and other medical devices and services,” he explains.

“The procedure for implantation of titanium screws takes less than 30 minutes, and the risks are minimal. There is the potential for infection and failure of the screw to integrate with the bone, but those events are quite rare,” says Peter Weber, M.D., surgeon and program director.

Postoperative healing usually follows an uneventful course, although there is a three-month waiting period while the implant becomes anchored before the sound processor can be snapped onto its external portion. The processor itself can usually be hidden beneath the patient’s hair. Because the sound processor does not come into direct contact with the skin, problems such as skin breakdown, headaches and pain that can be associated with other bone conduction hearing aids are avoided.

The Cleveland Clinic’s team approach involving audiologists and otolaryngologists is fundamental to achieving the best outcomes for patients treated through the Implantable Hearing Device Center. Both types of specialists are involved in the preoperative evaluation of candidates for the various available technologies, which include continued on page 10

Semi-implantable Device Offers Alternative For High-Frequency Hearing Loss

Members of The Cleveland Clinic Implantable Hearing Device Center have recently begun to identify patients with high-frequency hearing loss who would be good candidates for another new technology — a semi-implantable hearing aid (RetroX; Gyrus ENT). That device consists of a hollow titanium tube and a miniature digital signal processing hearing aid. The tube is surgically implanted from behind the ear and enters the ear canal; the hearing aid snaps onto the external end of the tube behind the ear where it is readily concealed.

“By allowing the ear to remain completely open, this device reduces the occlusion effect associated with conventional hearing aids. Therefore, patients who are suffering from high-frequency hearing loss can enjoy the benefits of improved speech clarity while their own voices continue to sound natural,” says Craig Newman, Ph.D.

The surgical procedure to implant the titanium tube is done under local anesthesia, and a simulator module is also available for the RetroX so that candidates will have a chance to test out the system before having surgery.

“The RetroX appears to be a very good device that may be applicable to a large segment of the population suffering from hearing loss problems, and we look forward to starting to use it in the very near future,” says Peter Weber, M.D.
**Venturi Atomizers Not at High Risk of Contamination in Clinical-Practice Study**

When used with appropriate care and caution, Venturi principle atomizers do not appear to be associated with a high potential contamination risk, according to research at The Cleveland Clinic Head and Neck Institute.

Prompted by the results of a recent laboratory study reporting a high rate of contamination associated with the use of these devices, Cleveland Clinic otolaryngologists undertook an investigation to evaluate the presence of bacterial colonization in devices in use at their busy referral center. They inoculated blood agar plates with spray samples and reservoir solution from 15 atomizers that had been in clinical use for 30 days.

Microbiological evaluation after five days of incubation showed bacterial growth was rare and minimal when it did occur. Only three (20%) plates were positive and each grew only a single colony that was determined to represent a bacterial concentration within the sample of <1 colony forming unit/ml. Furthermore, each of the three positive cultures was obtained from separate bottles and they represented reservoir as well as spray samples.

Based on those findings, the researchers concluded the likelihood of significant contamination was low and that the bacterial growth found was probably the result of plate exposure during processing.

“Considering that Venturi principle atomizers operate using negative pressure and are often used in patients with transmissible sinonasal infections, there is a solid theoretical basis to expect a risk for contamination. Concern about that issue was particularly stirred by the results of a recent study that found a 100% contamination rate. However, that trial used an artificial test setting in which the atomizers were immersed and sprayed into a bacteria-containing broth, while our study evaluated the risk as it pertains to the real world of clinical practice,” says Pete S. Batra, M.D.

“With Venturi atomizers being used so widely, it had generally been assumed that the risk of their contamination was low. Although recently reported data suggested that belief may be wrong, fortunately, our study supports the safety of these devices when they are used with appropriate protocols for preventing contamination,” says Martin J. Citardi, M.D.

The atomizers tested were selected from four separate exam rooms and had been used daily in consecutive patients by two rhinologists. The contents of the bottles included 4% lidocaine (n=3), 2% lidocaine (n=4) and 0.05% oxymetazoline (n=8). The positive cultures were from two 4% lidocaine bottles and one atomizer containing oxymetazoline.

“Lidocaine, especially at a concentration of 4%, has antibacterial effects, and both lidocaine formulations contain methylparaben as preservative that may inhibit bacterial growth. However, there is nothing in the oxymetazoline solution that would protect against atomizer contamination,” Dr. Batra says.

The study methods were designed to maximize the likelihood of finding contamination, but also to replicate the conditions of clinical use. Taking the worst-case clinical scenario, all of the atomizers tested had been used for 30 days, which represents the maximum period of use before the devices are emptied and subjected to thorough cleaning and sterilization. Samples were obtained by both spraying the bottle contents directly onto the plate and withdrawing a sample from the reservoir, recognizing that both the tip and the medication reservoir may be contaminated. However, in accordance with usual practice, each bottle tip was first wiped with 70% isopropyl alcohol and sprayed toward a trash receptacle before the study specimens were obtained.

Dr. Batra notes that the latter measures are part of the protocol for using Venturi atomizers at The Cleveland Clinic that focuses on reducing the risk of device contamination and spread of nosocomial infection. Based on preference of the physician user, the spray is either delivered with a disposable plastic protector placed over the atomizer tip (Rhinoguard, Micromedics) or with a nasal speculum inserted to dilate the nares and prevent the atomizer from coming in direct contact with the nasal vestibule.

After they have been in use for 30 days, the atomizers are replaced with sterilized devices. Cleaning and sterilization involves washing with a proteolytic detergent and autoclaving using steam for metal-tip bottles and gas for atomizers with a plastic tip. To avoid iatrogenic cross-contamination, the rhinologists practice meticulous handwashing, routinely wear gloves and don masks when performing endoscopy.

“Different centers may practice different usage protocols and have a different patient mix,” says Dr. Batra. “Since those features can influence atomizer contamination, we would encourage other studies assessing the risk of contamination associated with standard conditions of use. Meanwhile, all clinicians should continue to use these devices with care and caution, especially in patients who have active infection or immunosuppression.”

In the future, the researchers hope to expand their study to a larger scale to see how it compares with their current results. In addition, they hope to examine the risk of contamination associated with other devices used in the nose.

Mark Rizzi, M.D., a Cleveland Clinic Head and Neck Institute resident, presented this research at the 2003 American Rhinologic Society Fall Meeting in Orlando. The final paper, co-authored by Dr. Batra, Dr. Citardi, Dr. Rizzi, Geraldine Hall, Ph.D., and Donald C. Lanza, M.D., is in press for the American Journal of Rhinology.
Cleveland Clinic Otolaryngology Symposium in Florida Continues to Generate Positive Reviews

The Cleveland Clinic Head and Neck Institute held its third annual Otolaryngology Symposium in Florida in March, and the attendance, program content and participant feedback have improved every year, says David Greene, M.D., course director and head of otolaryngology for Cleveland Clinic Florida.

The first three-day Cleveland Clinic Otolaryngology Symposium in March 2002 was attended by more than 100 participants from across the country and led by a faculty from The Cleveland Clinic Foundation and Cleveland Clinic Florida. In its second year in 2003, the symposium drew more than 150 attendees, expanded to include a one-day companion course on otolaryngology for primary care doctors and added several prominent guest speakers. In 2004, attendance at both the ENT and primary care physician programs rose again, with more than 200 participants.

Since its inception, the Naples, Fla., program has evoked extremely positive feedback from the attendees, and many have come back year after year, calling themselves “CCF course groupies,” says Dr. Greene.

The 2004 guest faculty included world-renowned facial plastic surgeons Eugene Tardy, M.D., and Dean Toriumi, M.D., teaching rhinoplasty and facial plastic surgery; Richard Goode, M.D., a leader in new methods for treating sleep apnea and facial plastic surgery; and Greg Postma, M.D., a laryngologist and pioneer in the use of transnasal esophagoscopy.

The symposium was the brainchild of Dr. Greene, who proposed the idea to his Cleveland Clinic colleagues after they delivered the entire program for the three-day annual meeting of the Israeli National Academy of Otolaryngology in 2001.

“Dr. Isaac Eliachar, then our section head for laryngotracheal reconstruction, was principal in developing the National Academy program and enlisted our participation as faculty. Reflecting on the success of that event, it occurred to me that if the Clinic’s department members could present an entire course to physicians in another country, why not do the same right here in Florida?” Dr. Greene says.

Immediately upon returning home, he began designing the symposium, focusing on developing a program that would fulfill the educational needs of practicing ENTs by teaching skills for newly developed and highly practical techniques. The first year, the program focused on sleep apnea, sinusitis and nasal surgery. Based on participant feedback, presentations in facial plastic surgery and transnasal esophagoscopy were added the next year.

“I spend a lot of time talking to our attendees, who I refer to as our associate course directors, and we continue communicating after the meeting so I can find out what we are doing right and determine how to make the program better in the future,” Dr. Greene says. “This symposium is entirely geared to help practicing otolaryngologists learn what they need in order to do a better job, and because of the relevance of its topics and the way the course is organized, attendees are able to begin using much of what they learned as soon as they return to work on Monday.”

Both the atmosphere and format of the symposium are highly conducive to learning, he explains. There are didactic presentations, demonstrations using multimedia technology and interactive sessions devoted to case presentations and panel discussions during which attendees can review personal cases and provide opinions. One-on-one interaction with the faculty is also encouraged.

The symposium also incorporates mind-stimulating presentations on advances in the field. At the first meeting, Marshall Strome, M.D., Chairman and Professor, Cleveland Clinic Head and Neck Institute, gave the keynote address and described his experience as the first surgeon to perform a total larynx transplant. In 2004, Dr. Strome discussed exciting data on outstanding voice preservation and cure rate with his innovative approach to combining laser excision and cryotherapy for the treatment of early glottic carcinoma. Dr. Greene has also presented new data on his research with tongue-based ablation using low-temperature radiofrequency molecular disassociation as a treatment for sleep apnea.

Department members Drs. Martin Citardi and Donald Lanza discussed advanced approaches to tumors of the skull base and endoscopic treatment of frontal sinusitis.

For registration information, call 877/675-7223, ext. 44366.

PLAN AHEAD

The 2005 Otolaryngology Symposium in Florida is scheduled for March 17-19. It will be held at the Registry Resort, Naples, Fla., and will again feature world-renowned experts Eugene Tardy, M.D., Martin Citardi, M.D., and Greg Postma, M.D. Robert Ossoff, D.M.D., M.D., will also join the guest faculty this year. Topics will include cutting-edge developments in fields ranging from endoscopic surgery to rhinoplasty and transnasal esophagoscopy.
Improving care in Lithuania is the mission for one doctor

Traveling to rural Lithuania to perform complex surgeries and train local surgeons has become an annual activity for Edward Fine, M.D., Ph.D., an otolaryngologist at The Cleveland Clinic.

Dr. Fine has been traveling to an impoverished area of Lithuania with other health care professionals, including otolaryngologists, oral-maxillofacial surgeons, anesthesiologists, dentists and nurses for about seven years. Sponsored by BALFAS, a Lithuanian relief organization, the team’s primary goal is to help surgeons in the area learn surgical techniques and improve their equipment, allowing them to provide higher-quality care on their own, Dr. Fine explains.

“We have a videoteleconferencing system that allows us to meet with our colleagues every one to two months. Patients are presented or reviewed and we offer advice on how to manage their problems. If the case is too challenging, the surgery will be delayed until our visit, and we then treat the patient while teaching the surgeons,” he says.

Since most of the cases are screened through videoteleconferencing before the trip, the team is able to spend one day in the clinic and five days in the operating room. While there, the group primarily treats craniofacial abnormalities, as well as post-traumatic injuries and some head and neck problems.

“The videoteleconferencing system allows us to follow up with patients and maintain an ongoing dialogue with the surgeons. This continuity of care improves the patients’ outcome,” Dr. Fine says.

As in many areas in the developing world, one of the biggest challenges surgeons in Lithuania face is the lack of modern equipment. Over the years, several Cleveland Clinic Health System hospitals have contributed outdated equipment to the organization — “equipment that, by our standards, is old or outdated but is a huge improvement over what they have there,” Dr. Fine explains.

“It is very rewarding to see the progress that has been made in a few years time. This seems to encourage us to continue to support these surgeons in their desire to improve their health care,” he concludes.

Jewish-Palestinian group works to help in Middle East

Large numbers of Jewish and Palestinian people live side by side in peace in the Cleveland area, and representatives from both groups have found a way to share their cooperative spirit with people in the Middle East.

Ishmael & Isaac, a local organization formed to unite people from both groups, believes working to improve health and human services in Israel and the Palestinian territories is a good way to reach out in a nonpolitical way to the innocent people in both populations, explains Tom I. Abelson, M.D. The group raised money at a dinner held in the United States to buy an ambulance for the Jewish community in Beit She’an and to help start a pediatric oncology center in a Palestinian hospital in East Jerusalem.

“Ishmael & Isaac was founded on the belief that encouraging constructive contact among people is a prime way we can provide hope in the Middle East,” he explains. “We used the trip to learn how to help provide health and humanitarian assistance to people living in very difficult circumstances.”

Dr. Abelson and others who took the trip continue to be involved via videoteleconferencing in work to form a professional care community between the two populations. He hopes to join the group when it travels to the Middle East again.

“We believe the more contacts there are and the more people work together, the greater the cooperation there will be if and when peace happens,” he says. “Our goals are to develop solid relationships in Cleveland and to provide aid together in the Middle East. Our hope is for peace.”

Academy gives career award to Clinic’s Craig Newman

Craig W. Newman, Ph.D, received the Jerger Career Award for Research in Audiology given by the American Academy of Audiology in Salt Lake City in April. The Jerger Career Award honors audiologists who have been productive researchers and who also have made significant contributions to the practice and/or teaching of audiology. In announcing Dr. Newman’s honor, the American Academy of Audiology said that Dr. Newman “exemplifies what is best about our profession. He is an outstanding clinician-researcher, instrumental in developing clinical outcome measures for our profession, and most recently, he has brought evidence-based medicine to the profession of audiology.”

Dr. Newman’s research focuses on evaluating the benefits derived from medical, surgical and rehabilitative treatments for auditory and vestibular disorders. His areas of special interest include the study of tinnitus, clinical outcome measures and geriatric audiology.

Dr. Newman also was elected to the Academy’s Board of Directors for a three-year term beginning July 1, 2004.
Meet Our Staff (as of July 2004)

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Introducing New Staff

Michael Anthony Fritz, M.D., joined the staff of The Cleveland Clinic Head and Neck Institute on August 1.

Dr. Fritz recently completed a fellowship in facial plastic and reconstructive surgery at the University of Minnesota in Minneapolis. He completed his otolaryngology residency and a general surgery internship at The Cleveland Clinic and received his medical degree from Ohio State University. His bachelor’s degree is from Duke University.

Dr. Fritz specializes in all facial plastic and reconstructive surgery including microvascular free tissue transfer. His interests include soft tissue and bony facial reconstruction, functional and aesthetic rhinoplasty and congenital deformities. He will have a joint appointment with Cleveland’s MetroHealth Medical Center, where he will work two days a week.

He is board-certified in otolaryngology and is pursuing certification in facial plastic and reconstructive surgery. He is a member of The American Academy of Otolaryngology-Head and Neck Surgery and the American Academy of Facial Plastic and Reconstructive Surgery.

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BAHA

cochlear implants and a semi-implantable hearing aid (RetroX; Gyrus ENT), in addition to the BAHA Hearing System.

After initial audiology testing and examination by the surgeon, candidates spend 60 to 90 minutes with Dr. Newman learning how the system works, how to care for it and what to realistically expect.

“The surgeons and audiologists in the Center work in concert along with speech pathologists to evaluate patients carefully and ensure each receives appropriate care based on the unique features and the indications of the various implantable devices,” Dr. Weber says.
Isaac Eliachar, M.D., Retires from The Cleveland Clinic

Isaac Eliachar, M.D., retired in December after 20 years with the Cleveland Clinic’s Department of Otolaryngology and Communicative Disorders, now the Head and Neck Institute. He maintained a high national and international profile, publishing, lecturing and teaching, as well as actively participating in and organizing academic medical meetings and symposia.

Dr. Eliachar joined the full-time staff in 1985, having previously served as professor and chair of the Department of Otolaryngology, Head and Neck Surgery at Rambam Medical Center in Israel. He specialized in the management of airway disease and served as head of the Section of Laryngotracheal Reconstruction, subsequently earning his second full professorship.

He was a tireless academic, advancing the art and science of laryngotracheal reconstruction. One of his sentinel contributions was forwarding the concept of “Tube Free Tracheostomy with Hands Free Speech Capabilities.”

Dr. Eliachar was an innovator, holding several medical device patents, predominantly utilized in airway surgery. His publications exceed 200 manuscripts in peer-reviewed journals and invited chapters. The teaching courses he gave annually at the American Academy of Otolaryngology, Head and Neck Surgery were highly acclaimed. He organized the first Symposium on Laryngotracheal Reconstruction in 1991, followed in 1996 by a larger meeting in Monte Carlo.

Dr. Eliachar and his wife, Reeve, moved to California, yet he returned to Cleveland as a consultant during the summer.

The Northeast Ohio Au.D. Consortium Forms

Collaborative Clinical Education Training Program Is Created

The Head and Neck Institute at The Cleveland Clinic Foundation (CCF), the School of Speech-Language Pathology and Audiology at The University of Akron, and the School of Speech Pathology and Audiology at Kent State University have combined efforts to form The Northeast Ohio Au.D. Consortium (NOAC).

The Consortium merges the strong assets of two university programs that focus on the scientific and clinical bases of audiology with the CCF Section of Audiology to offer students clinical exposure to the breadth and depth of contemporary diagnostic and rehabilitative audiology. The strengths of each institution, including academic and clinical faculties, resources and facilities, will be combined into one unified Doctor of Audiology (Au.D.) program. The degree will be granted through The University of Akron or Kent State University, depending upon where the student is enrolled.

The NOAC’s mission is to prepare independent, fully competent professional audiologists who provide non-medical evaluation and treatment for people with hearing impairment.

The doctoral program consists of a continuous 4-year, post-baccalaureate course of study designed to integrate classroom, laboratory and clinical experiences. The emphasis is on the principles and practices underlying diagnosis, treatment and provision of hearing health care services. Students complete their fourth year of training (Supervised Professional Experience) under the mentorship of clinical audiologists at CCF who assume responsibility as the primary clinical educators for the students. Further training opportunities through the new Cleveland Clinic Lerner College of Medicine at Case Western Reserve University are anticipated.

“This unique affiliation among The Cleveland Clinic, The University of Akron and Kent State University will serve as a national model for Au.D. programs,” says Craig Newman, Ph.D., head of the Cleveland Clinic Head and Neck Institute’s Section of Audiology.

Paper by Judith White attracts attention at meeting

Judith White, M.D., Ph.D., attracted a great deal of attention for her paper “Canalith Repositioning of BPPV, an Evidenced Based Review” at the Combined Otolaryngological Spring Meetings. The paper reported that a single 10-minute office treatment based on a series of head and body turns is highly effective in resolving Benign Paroxysmal Positional Vertigo. Based on a literature review and data from many studies, Dr. White concluded that the procedure is effective up to 80 percent of the time. This compared with a 30 percent success rate for patients recovering on their own.

In Other Recent News

Marshall Strome, M.D., presided over the largest SUO meeting in history as president. Robert Kay, M.D., Cleveland Clinic chief of staff, gave the keynote address. Dr. Strome was elected to the Council of the Laryngological Society. Donald Lanza, M.D., president of the Rhinological So-ciety, presided over that society’s fall meeting. Martin Citardi, M.D., was given a presidential citation. Peter Koltai, M.D., remains secretary of ASPO. Keiko Hirose, M.D., received a $225,000 grant from the Royal National Institute for the Deaf, England. She was program director of the North East Ohio Oto-laryngologic Society.
Otolaryngology Advances offers information from Cleveland Clinic otolaryngologists, speech pathologists and audiologists about state-of-the-art medical, surgical and rehabilitative techniques. Please direct correspondence to:

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Established in 1921, The Cleveland Clinic Foundation provides state-of-the-art care in a multispecialty academic medical center that integrates clinical and hospital care with research and education in a private, not-for-profit group practice. Otolaryngology and Communication Disorders services are offered at the main campus as well as at Cleveland Clinic family health centers throughout Greater Cleveland.

Otolaryngology Advances is written for physicians and should be relied upon for medical education purposes only. It does not provide a complete overview of the topics covered, and should not replace the independent judgment of a physician about the appropriateness or risks of a procedure for a given patient.

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November Course to Focus on Advances in Vestibular Disorder Evaluation and Management

Vestibular Disorders Update 2004, a two-day course devoted to a review of multidisciplinary advances in the diagnosis and management of dizzy patients, will be held at The Cleveland Clinic on Nov. 5 and 6.

The course is designed for otolaryngologists, neurologists, primary care physicians, audiologists and physical therapists. Attendees will learn the latest in evaluation techniques, testing interpretation and methods for treatment and vestibular rehabilitation.

“There has been marked progress in the evaluation and management of dizziness. New techniques enable diagnosis of vestibular disorders during a concise office examination, and there are some new, highly effective interventions available,” says Judith F. White, M.D., Ph.D., course director and a member of the Clinic’s Section of Vestibular & Balance Disorders. “The purpose of this course is to inform specialists, primary care physicians and associated medical professionals about the new techniques and technologies to enhance their ability to diagnose and treat vestibular disorders.”

Both days will include a morning session with didactic lectures and an afternoon portion with small break-out groups for hands-on experience in vestibular testing and rehabilitation technique. Lectures will cover vestibular anatomy, physiology and common disorders, and there will be special symposia on the upper cervical spine in vestibular disorders as well as central vestibular disorders.

Among the testing techniques that will be taught is the use of infrared videoFrenzel goggles. Patients wearing these goggles perceive they are in darkness, but the examiner can follow their eye movements and analyze input from the inner ear while the head is placed in different positions, Dr. White explains.

“With this tool, we can make many diagnostic decisions during a brief, non-invasive office evaluation rather than resorting to time-consuming, detailed vestibular testing in the laboratory. While the latter method is still appropriate in some cases, overall, careful history and physical exam enable an accurate diagnosis in the majority of patients who are seen with complaints of dizziness at the initial visit,” she says.

Other topics to be covered include repositioning maneuvers for the treatment of benign paroxysmal positional vertigo, testing methods and rehabilitation strategies for other otolith disorders and more common vestibular disorders, including Meniere disease, labyrinthitis, vestibular neuritis and migraine-associated dizziness.

Vestibular Disorders Update 2004 will be held at The Cleveland Clinic InterContinental Hotel and Conference Center. The faculty includes 18 members of The Cleveland Clinic staff representing the Head and Neck Institute and the departments of neurology, physical therapy, audiology and nursing.

Dr. White’s co-director is John G. Oas, M.D.

How to Refer Patients

Physicians can schedule appointments for their patients at The Cleveland Clinic Head and Neck Institute by calling 216/444-6691 from 7 a.m. to 11 p.m., seven days a week, or toll-free at 800/553-5056.

Visit our Web site at clevelandclinic.org/otol/