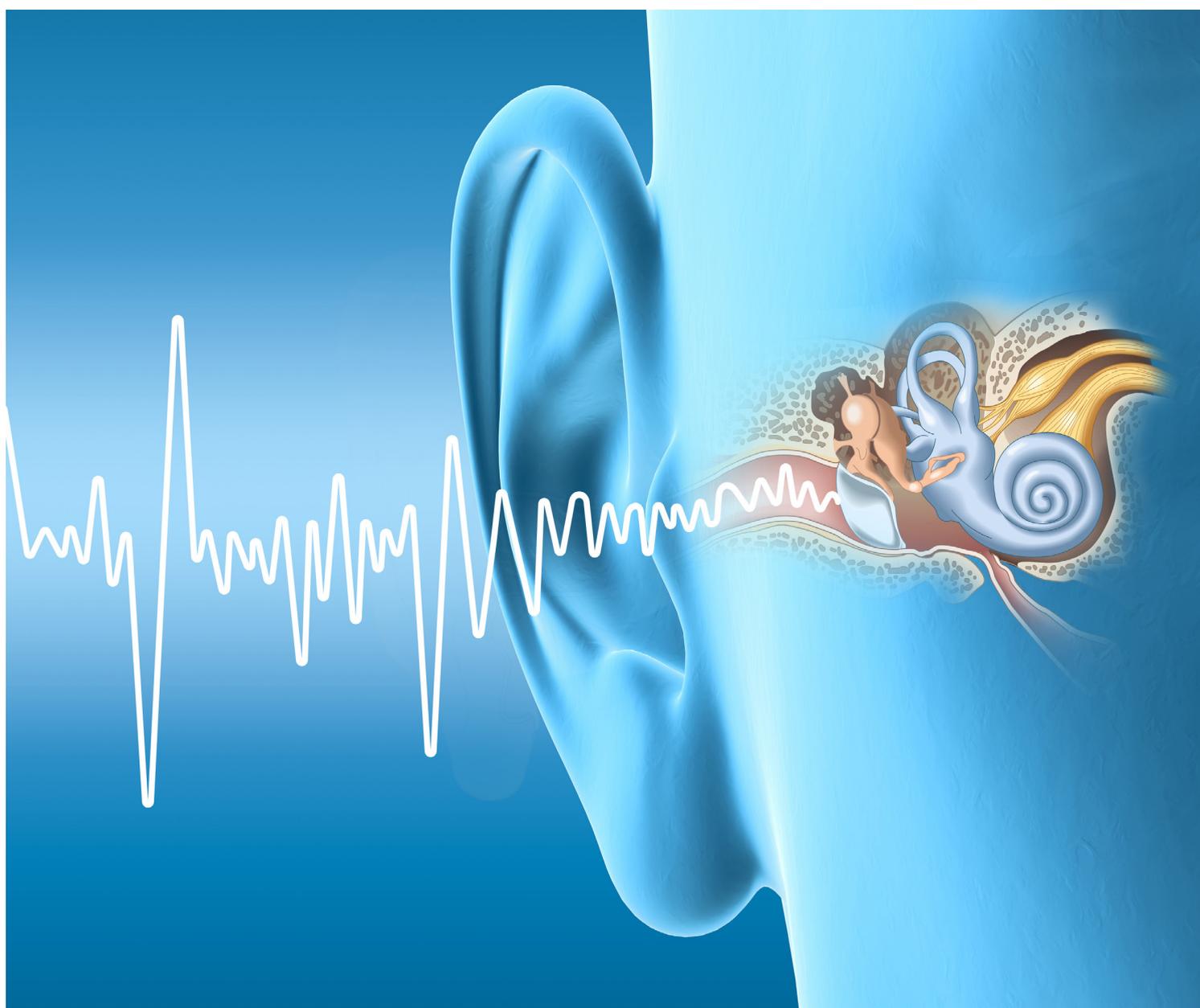




A Biannual Publication of the Medical College of Georgia Department of Otolaryngology-Head and Neck Surgery

The OTO **OBSERVER**

The Newsletter of the Department of Otolaryngology-Head and Neck Surgery



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

Department of Otolaryngology-Head and Neck Surgery

Winter 2018

CHAIRMAN'S NOTE

DEAR READERS,



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I hope everyone survived the holidays and welcomed the New Year with renewed fervor and goals. There is something to be said about New Year's resolutions and how often we deliver on our promises. This year I will NOT set goals such as more exercise and weight loss as I know even though I wish them, most likely I will not have enough time dedicated to them to achieve them. Rather, my new year's resolutions will include:

1. Resist the pressure of flying through my clinics and spend more time listening to my patients. Add a bit of laughing to the interaction. After all these years I have concluded that listening and smiling are often more healing than the latest medical and surgical technologies. And in the process I hope to heal myself and avoid what happens to many of us, which is burnout.

2. Avoid reacting to all issues around me but focus on the ones I can address with constructive approaches, remembering that every time I put a smile on a patient's or my co-worker's faces, I relieve my own level of stress and prolong my professional life.

All I have to do to achieve these goals is find a more efficient way to navigate through electronic health records and force myself away from computer screens, face and listen to my patients, co-workers and learners, and along the way pay more attention to the spirit and not the machines.

Oh, by the way, I also plan to spend more time with my wife and kids. Or is this a grandiose unachievable promise? Maybe the millennials got this one right.

Please remember the next Porubsky Symposium and Alumni Event and participate in our resident and fellow graduation activities, scheduled for June 8-9, 2018. The symposium is registration-free and will give you the chance to interact with our guest of honor, Dr. Howard Francis, Chief of Otolaryngology, Duke University and also old acquaintances and possibly make new friends.

I wish you Happy New Year with the best of health and happiness.

A handwritten signature in black ink that reads "Stil Kountakis". The signature is written in a cursive, flowing style.

Stil Kountakis, MD, PhD
Professor and Chairman, Department of
Otolaryngology-Head and Neck Surgery
Edward S. Porubsky, MD Distinguished
Chair in Otolaryngology
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IN THIS ISSUE

WINTER 2018

The Oto Observer is produced biannually by the Medical College of Georgia Department of Otolaryngology-Head and Neck Surgery. Please direct comments or questions to otolaryngology@augusta.edu.

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FACULTY HONORS



Dr. Stil Kountakis was an invited speaker at the Southeastern Allergy, Asthma and Immunology Society Annual Meeting. Dr. Kountakis also co-authored the textbook "ENT Core Knowledge", Koltisidopoulos P, Skoulakis C, Kountakis SE, Eds., Springer International Publishing, 2017.



Dr. Gregory Postma was an invited speaker at the Kentucky Society of Otolaryngology Annual Meeting, the 4th Macedonian Otolaryngology Congress and the Georgia Society of Otolaryngology-Head and Neck Surgery Annual Meeting. He also received a \$3500 patient enrollment grant from the Patient-Centered Outcomes Research Institute (PCORI) in collaboration with Vanderbilt University.



Dr. David Terris was an invited speaker at the AACE 26th Annual Scientific and Clinical Congress, the Robert Sofferman, MD Memorial Advanced Thyroid Ultrasound Course, the 87th American Thyroid Association Annual Meeting and was the keynote lecturer for the 2017 IFOS Congress, the Peruvian Society of Head and Neck Surgery Annual Meeting and the 2nd Congress of the Asia-Pacific Society of Thyroid Surgery.

SELECTED PUBLICATIONS

Zimmerman ZA, Shapiro J, Solares C, Biddinger P, **Byrd JK**. Basal cell adenocarcinoma of the skull base: A diagnostic challenge. *Oral Oncol* 72:192-193, 2017.

Smolar D, Ho B, Kent S, Hughes CA, Rueggeberg F, Mettenberg D, **Groves MW**. Changes in pediatric tracheostomy tubes exposed to home dishwashing. *Int J Ped Otol* 100:96-102, 2017.

Reyes C, Solares CA, Fritz MA, **Groves MW**, Bentley H. Fascia lata free flap anastomosed to the superior trochlear system for reconstruction of the anterior skull base. *J Neurol Surg B Skull Base* 78(5):393-398, 2017.

Johnson CM, Guo D, Ryals S, **Postma GN**, Weinberger PM. The feasibility of gamma radiation sterilization for decellularized tracheal grafts. *Laryngoscope* 127(8):E258-E264, 2017.

Wellenstein DJ, Schutte HW, Marres HAM, Honings J, Belafsky PC, **Postma GN**, Takes RP, van den Broek GB. Office-based procedures for diagnosis and treatment of esophageal pathology. *Head Neck* 39(9):1910-1919, 2017.

Remacle M, Arens C, Eldin MB, Campos G, Estomba CC, Dulguerov P, Fiz I, Hantzakos A, Khegian J, Mora F, Matar N, Peretti G, Piazza C, **Postma GN**, Prasad V, Sjogren E, Dikkers FG. Laser-assisted surgery of the upper aero-digestive tract: a clarification of nomenclature. A consensus statement of the European Laryngological Society. *Eur Arch Otorhinolaryngol* 274(10):3723-3727, 2017.

Hart CK, Tawfik KO, Meinzen-Derr J, **Prosser JD**, Brumbaugh C, Myer A, Ward JA, de Alarcon A. A randomized controlled trial of Velcro versus standard twill ties following pediatric tracheotomy. *Laryngoscope* 127(9):1996-2001, 2017.

Cabanillas M, **Terris DJ**, Sabra M. Information for Clinicians: Approach to the patient with progressive radioactive iodine refractory thyroid cancer- When to use systemic therapy. *Thyroid* 27(8):987-993, 2017.

Chaung K, Duke WS, Oh SJ, Behr A, Waller JL, Daniel J, **Terris DJ**. Aesthetics in thyroid surgery: The patient perspective. *Otolaryngol Head Neck Surg* 157(3):409-415, 2017.

Grubey JS, Raji Y, Duke WS, **Terris DJ**. Outpatient thyroidectomy is safe in the elderly and super-elderly. *Laryngoscope* 128(1):290-294, 2017.

Ito CJ, Reyes-Gelves C, Perry C, **Kountakis SE**. Body mass index and olfactory fossa depth in patients with and without spontaneous cerebrospinal fluid leaks. *ORL J Otorhinolaryngol Relat Spec* 79(6):331-335, 2017.

INTERDISCIPLINARY COORDINATION LEADS TO EXPANDING PEDIATRIC AIRWAY PROGRAM

- J. DREW PROSSER, MD



It doesn't need to be said that children with airway problems are complex. However until recently at the Children's Hospital of Georgia these complex children were managed in "silos," with parents having to coordinate multiple, independent visits with multiple specialists on different schedules. Sometimes these individual physicians would reach out and discuss interrelated care issues. Sometimes not. This was particularly challenging for our pediatric tracheotomy and vent dependent patients who see pediatric pulmonology, otolaryngology, GI, and nutrition specialists multiple times each year and sometimes multiple times each month. This fragmented care occasionally left parents unsure about the next steps as their children were slowly weaned from vent dependence and towards decannulation. Two years ago this process got easier for patients at the Children's Hospital of Georgia.

In coordination with pediatric pulmonology and pediatric otolaryngology, an interdisciplinary trach/vent clinic was started. This monthly clinic coordinates multiple provider visits into a "one-stop shop" for children who are tracheotomy and ventilator dependent. The results have been surprising even to the team who recognized the need for this type of clinic in the first place. With pediatric pulmonology, pediatric otolaryngology, respiratory therapy, and tracheotomy DME suppliers, all in one location seeing these complex children all at the same time; it has allowed for seamless transition from the vent weaning process to the decannulation process. The improved collaboration has also resulted in better management decisions and improved patient satisfaction.

One surprising outcome has been the rapid growth in both open and endoscopic airway procedures performed at the Children's Hospital of Georgia. Getting to know the patient and patient's family during the vent weaning process has allowed us to more rapidly transition children into a decannulation pathway, efficiently separating those who require airway reconstruction prior to the trach being removed in those who would not. This efficiency combined with the addition of two new pediatric airway surgeons, Drs. Borders and Prosser, led to record numbers of both endoscopic and open airway procedures being performed at the Children's Hospital last year.

This collaboration has also led to the ability to manage the most difficult pediatric airways. Last year Drs. Prosser and Borders combined to repair a type 4 laryngotracheal esophageal cleft. This condition is exceedingly rare and carries a high mortality rate. The defect was suspected by our neonatologist who consulted our airway surgeons before the child was even 1 week old. An airway exam confirmed the diagnosis. Given the size of the child, she was not a candidate for ECMO which traditionally has been used to support these children during the long and complex operation to repair the airway. After discussion with our pediatric anesthesiologist a recently described approach where the airway was separated just below the cricoid cartilage was planned. This approach would allow for direct open repair of the defect while maintaining conventional ventilation during the long surgical procedure. The procedure was completed and was a success. The patient was able to be discharged home and continues to see us in trach vent clinic.

The expanded expertise and patient load has also been inspiring to our residents, who now gain increasing exposure and experience in managing children with complex airway disorders. This experience has led to several pursuing future careers in pediatric otolaryngology and airway reconstruction. Several collaborative research projects have been completed as well, which further work to improve patient care both at our institution and around the country.

SIMULTANEOUS BILATERAL COCHLEAR IMPLANTATION IN CHILDREN: FIRST EXPERIENCE AT AU-MEDICAL COLLEGE OF GEORGIA

- MOHAMMAD SEYYEDI, MD



Introduction

We are excited to announce that we performed our first simultaneous bilateral cochlear implantation at AU-MCG. Cochlear implantation (CI) has changed the life of many patients with severe to profound hearing loss and it has been the treatment of choice in the rehabilitation of bilateral severe to profound sensorineural hearing loss in the past three decades, especially in prelingually deaf children, where hearing aids are of no benefit and cochlear nerve is present. Unilateral cochlear implantation (UCI) has been the standard of care in adults but there is plenty of literature showing the superiority of bilateral cochlear implantation (BCI) in restoring hearing and, consequently, the quality of life in children. Compared to UCI, BCI results in better sound localization and lateralization, speech perception in noise, verbal IQ and language development so that BCI has become the standard of care in many countries in children¹.

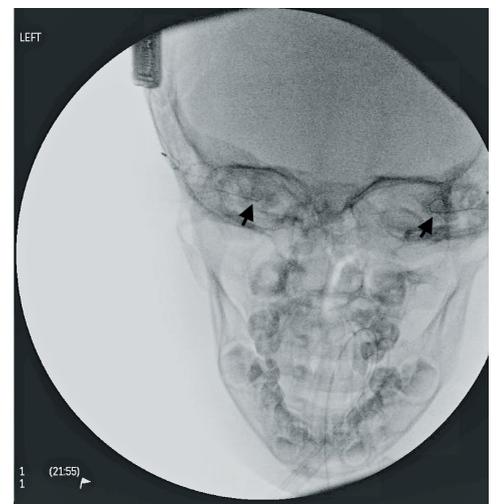
BCI can be completed in two separate and consecutive surgeries which is known as sequential bilateral cochlear implantation (SeBCI) or can be performed in a single surgery known as simultaneous bilateral cochlear implantation (SiBCI). The interval between surgeries in SeBCI can vary between a few months to several years. Available scientific literature shows better results in SiBCI compared to UCI and SeBCI.

Case Presentation

Historically at AU-MCG the common practice in children was SeBCI with variable intervals between the surgeries. In October 2017, for the first time, we performed a SiBCI in a pediatric patient.

The patient was a 2 year 10 month old male with no complications during the pregnancy and birth. He has a 15 year old brother with deafness. He failed the hearing screening test at birth and was referred to our center when he was 11 months old. DPOAE and ABR showed no response in almost all frequencies. He began wearing hearing aids when he was 14 months old. After six months, he had benefited very little from the hearing aids in terms of hearing and language development, so he was considered for cochlear implantation. Given the superiority of BCI over UCI, we decided to implant both ears^{1,2} when he was 2 years and 9 months of age. Given his age, it was already late for CI regarding the short and limited time of brain neuroplasticity. As it has been shown by several researchers³, that earlier implantation results in better performance after implantation, we decided to implant both ears at the same time in a single surgery.

The preoperative brain MRI, EKG and ophthalmology exam were normal. We ensured he received HIB and pneumococcal vaccines prior to surgery. Bilaterally, a full insertion of Cochlear Nucleus Profile Slim Modiolar electrode (CI532) was achieved through a round window cochleostomy. We used the modified periosteal pocket technique to secure the stimulator/receiver units. There were no complications during the surgery and the procedure took



Post-op transorbital AP skull x-ray, indicating correct location of both cochlear implants (black arrows).

approximately 4 hours. The patient was discharged to home on the same day and electrodes were activated a few weeks post-operative. We have not tested his performance after the CI yet, as activation of the CIs was done a few weeks ago.

Discussion

Researchers are in agreement that speech perception and language development is better in BCI than UCI3. There are several studies that compared the outcome of SiBCI with SeBCI to determine the best practice for BCI. It has been shown in several studies that the rate of complications in SiBCI is not higher than the SeBCI. Simultaneous bilateral cochlear implantation takes longer than single cochlear implantation, but according to Ramsden et al. the cumulative time of surgery in SiBCI was shorter than SeBCI (5h 17m 38m vs 6h 47m 44m)⁴. In the same study, the hospital stay in SiBCI was significantly shorter than the SeBCI⁴.

In a literature review completed by Lammers et al., simultaneous bilateral cochlear implantation provided statistically significant improved speech perception and development of expressive language compared to SeBCI after 1 year of hearing experience with the devices, especially in speech perception in noise^{5,6}. In the Long term, SiBCI is more effective than the SeBCI². Researchers agree³ that earliest intervention with CI results in a faster development of hearing ability and linguistic skills, given the fact that the early implantation shortens the duration of deafness. SiBCI shortens the duration of deafness for both sides at the same time and the children with SiBCI experience the binaural hearing at earlier ages than the SeBCI, which improves verbal intelligence scores and speech perception in noise compared to those with SeBCI^{1,7}. On the other hand, it has been shown that the inter-implant interval is directly and negatively correlated to language development⁸. Migirov et al. reported that the capacity for auditory plasticity decreases with age⁹. So, early SiBCI reduces the duration of deafness and consequently lets the auditory pathways develop before the neural plasticity gets weaker³. Likewise, it has been shown that language development is better in SiBCI than SeBCI and UCI^{8,10}.

There are some concerns and disadvantages regarding SiBCI. Some researchers believe that with UCI you can save one ear for future innovations in hearing restoration. In order to address this concern, we should consider that neural plasticity weakens with age and if the ear is not implanted by age 3-4, the central nervous system will lose the chance to develop and future interventions will be useless. The other concerns of SiBCI are positioning of the patient during surgery, symmetric placement of CIs and duration of surgery. As mentioned previously, children can well tolerate SiBCI and the risk of complications in SiBCI is not higher than SeBCI or UCI.

Conclusion

In conclusion, SiBCI, compared to SeBCI and UCI, results in better speech perception and language development in children with bilateral severe to profound hearing loss without increasing the risk of complications.

References

1. Jacobs E, Langereis MC, Frijns JH, et al. Benefits of simultaneous bilateral cochlear implantation on verbal reasoning skills in prelingually deaf children. *Res Dev Disabil* 2016;58:104-13.
2. López-Torrijo M, Mengual-Andrés S, Estellés-Ferrer R. Clinical and logopaedic results of simultaneous and sequential bilateral implants in children with severe and/or profound bilateral sensorineural hearing loss: A literature review. *Int J Pediatr Otorhinolaryngol* 2015;79:786-92.
3. Ramsden JD, Gordon K, Aschendorff A, et al. European Bilateral Pediatric Cochlear Implant Forum consensus statement. *Otol Neurotol* 2012;33:561-5.
4. Ramsden JD, Papsin BC, Leung R, et al. Bilateral simultaneous cochlear implantation in children: our first 50 cases. *Laryngoscope* 2009;119:2444-8.
5. Lammers MJ, Venekamp RP, Grolman W, et al. Bilateral cochlear implantation in children and the impact of the inter-implant interval. *Laryngoscope* 2014;124:993-9.
6. Chadha NK, Papsin BC, Jiwani S, et al. Speech detection in noise and spatial unmasking in children with simultaneous versus sequential bilateral cochlear implants. *Otol Neurotol* 2011;32:1057-64.
7. Ramos-Macías A, Deive-Maggiolo L, Artiles-Cabrera O, et al. [Bilateral cochlear implants in children: acquisition of binaural hearing]. *Acta Otorrinolaringol Esp* 2013;64:31-6.
8. Boons T, Brox JP, Frijns JH, et al. Effect of pediatric bilateral cochlear implantation on language development. *Arch Pediatr Adolesc Med* 2012;166:28-34.
9. Migirov L, Kronenberg J. Bilateral, simultaneous cochlear implantation in children: surgical considerations. *J Laryngol Otol* 2009;123:837-9.
10. Henkin Y, Swead RT, Roth DA, et al. Evidence for a right cochlear implant advantage in simultaneous bilateral cochlear implantation. *Laryngoscope* 2014;124:1937-41.

FACULTY AWARDED PRESIDENTIAL CITATIONS



Dr. Kountakis accepts a Presidential Citation from ARS President, Dr. John DelGaudio. Photo courtesy of ARS.

Two members of the department received presidential citations during this year's Annual Meetings. Dr. Stil Kountakis received a Presidential Citation from the American Rhinologic Society during its 63rd Annual Meeting. Dr. Kountakis was recognized for his longtime service to the society and his work in starting the ARS Journal, International Forum of Allergy & Rhinology, while he was president of the ARS in 2009-2010.

Dr. David Terris received a Presidential Citation from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) during its 2017 Annual Meeting. Dr. Terris was recognized for his lifetime work of selfless leadership within the endocrine surgery community.



Dr. Terris accepts a Presidential Citation from AAO-HNS President, Dr. Gregory W. Randolph. Photo courtesy of AAO-HNS.

FACULTY FUN DURING AAO-HNS ANNUAL MEETING



The AAO annual meeting is far more than academic presentations, awards, and committee meetings. It is also a time to meet old friends as well as individuals you may have worked with or trained in the past. Everywhere one went in the Windy City you saw red. On Michigan Avenue, in restaurants, hotels, and in the meeting itself to cheer on the Dawgs Saturday and the Falcons Sunday. There were several "extra-academy" activities this year in

Chicago. Saturday, Art and Jan Torsiglieri and Greg and Kim Postma along with Dr. T's daughter and son-in-law spent the day at South Bend, IN. Together with several thousand other Georgia fans including Dr. Charles Mixson ('06 alumnus) they toured the lovely Notre Dame campus for several sunny hours. That evening with tens of thousands of red clad fans in attendance negating the home field advantage, the University of Georgia Bulldogs defeated the Fighting Irish in their home stadium 20-19. Here is a picture of "Touchdown Jesus". This is actually a mosaic mural entitled the Word of Life by Millard Sheets and is part of the Hesburgh library which looms over the stadium.

On Sunday, 19 members, family and friends of the department went to iconic Wrigley Field to take in an afternoon baseball game between the Chicago Cubs and the Milwaukee Brewers. The weather was perfect and we all enjoyed brats and beer in the left field stands. The atmosphere was fantastic and was highlighted by Kim Postma's one-handed grab of a ball thrown into the stands by the Cubs left fielder following the 5th inning. A few hours later we all enjoyed a fantastic steak dinner at famous Harry Caray's steak house.



Overall it was a fantastic meeting academically and full of fun for all in attendance.

2018 Visiting Professor Series

March 6, 2018

Dr. T. Metin Önerci

Professor of Otorhinolaryngology & Head and Neck Surgery, Director of Sleep Disorders Center at Hacettepe University, Faculty of Medicine, Ankara, Turkey

April 10, 2018

Donald T. Donovan, MD, FACS

Olga Keith Wiess Professor and Chairman, Bobby R. Alford Department of Otolaryngology-Head and Neck Surgery, Baylor College of Medicine, Houston, TX

May 1, 2018

Thomas L. Carroll, MD

Assistant Professor, Department of Otolaryngology, Harvard Medical School, Director, Brigham and Women's Voice Program, Brigham and Women's Hospital, Boston, MA

RESIDENT QUALITY PROJECT REPORT



Daniel Carroll, MD

Dan Carroll (PGY5) and Chris Leto (PGY4) recently completed a quality project on preventing tracheostomy pressure ulcers. They reviewed one year's worth of data and discovered 79% of injuries were a result of the hard plastic lip of the tracheostomy tube pressing against the patient's neck. The remaining 21% of injuries came from the tie used to secure the tube to the neck. The two physicians proposed using a softer tie and slightly loosening the extremely tight fit around the neck. These two changes, along with working closely with nursing and respiratory therapy staff to manage the patient's airway, made a tremendous difference. Using their protocol and intervention there were zero injury cases during the last 180 tracheostomies performed at AU Medical Center compared to a prior rate of 8%.



Christopher Leto, MD

RHINOLOGY FELLOWSHIP ANNUAL DINNER

We are now training rhinology-sinus and skull base surgery fellow #15 and are slowly establishing quite a lineage. Planned by Dr. Jastin Antisdell, Chairman, Department of Otolaryngology-HNS, St. Louis University and MCG-AU rhinology-sinus/skull base surgery fellow #7, a dinner is set up during the fall ARS-AAO annual meeting, where all the past fellows attending the meetings and our spouses get together and enjoy an evening of food and drink, share our experiences and reminisce. This past dinner took place at the Cherry Circle Room on S. Michigan Avenue in Chicago and allowed us time to relax and enjoy interesting past stories and share future plans and aspirations.

Pictured From left to right: Ike Unsal future Fellow #16 (July 2018), David Jang #10, Duke University, Francis Ling #3, Winsor, Canada, Chris Ito #14, University of Massachusetts, Jastin Antisdell #7, St Louis University, Jose Gurrola #11, University of California San Francisco, Brett Comer #9, University of Kentucky, Stil Kountakis, Troy Woodard #6, Cleveland Clinic and Mingsi Li #15 (current fellow).



DEPARTMENT PRESENCE AT NATIONAL MEETINGS

Members of the department have been busy with academic projects and manuscript preparations again this year. We were excited to be able to participate in multiple national meetings, including the 2017 Triological Society Combined Sections Meeting where 3 faculty and 2 fellows provided 2 panel discussions and 1 poster presentation.

We had a presence at the North American Skull Base Society Annual Meeting where 2 faculty and 1 fellow provided 1 oral presentation and 1 poster presentation. We also participated in the Combined Otolaryngology Spring Meetings where 1 faculty, 1 fellow and 2 residents provided 3 posters and 1 panel discussion, and at the AAO-HNS Annual Meeting where 3 faculty, 2 fellows and 3 residents provided 2 instruction courses, 3 oral presentations and 1 panel discussion.

We are proud to continue to lead in mentoring medical student research. We have hosted Dean's Summer Medical Student Research Fellows for 11 years now and this summer we mentored 2 additional students. All abstracts generated from this research will be submitted to national scientific meetings and congresses.

Otolaryngology Program

SPECIALTIES INCLUDE:

- Head and neck cancer
- Thyroid and parathyroid surgery
- Facial plastic surgery
- Otology/Neurotology
- Rhinology (Nose and Sinuses)
- Laryngology (Voice, airway and swallowing disorders)
- Sleep apnea
- Pediatric otolaryngology (ENT)
- Skull base disorders

The Augusta University Otolaryngology-Head and Neck Surgery Department offers treatment of conditions affecting the ears, nose, throat, and head and neck including diagnostic procedures, minor surgical procedures, speech and language evaluation and treatment, and full audiology services including hearing aids and cochlear implants.

MEET THE TEAM



Stil Kountakis, MD, PhD, FACS

Administrative Title: Edward S. Porubsky, MD
Distinguished Professor and Chairman
Specialty: Otolaryngology (Rhinology and Sinus Surgery)
Medical School: University of Texas – Houston
Residency: University of Texas – Houston
Special Interests: Diseases of the nose and sinuses, acute and chronic sinusitis, rhinology, endoscopic sinus surgery, nasal polyps, nasal obstruction, deviated nasal septum, nasal allergies, and nasal and sinus tumors



Gregory N. Postma, MD

Administrative Title: Professor and Vice Chairman, Director of the Augusta University Center for Voice, Airway, and Swallowing Disorders
Specialty: Otolaryngology (Laryngology)
Medical School: Hahnemann University
Residency: Naval Hospital, Oakland, California; University of North Carolina, Chapel Hill
Fellowship: Vanderbilt University (Laryngology/ Professional Voice)
Special Interests: Laryngology, voice and swallowing disorders, professional and singing voice care, dysphagia and associated swallowing disorders, airway surgery and reconstruction, spasmodic dysphonia, extraesophageal and gastroesophageal reflux, and chronic cough



Jack C. Borders Jr., MD

Administrative Title: Associate Professor and Chief of Pediatric Otolaryngology
Specialty: Otolaryngology (Pediatric Otolaryngology)
Medical School: Medical College of Georgia
Residency: Johns Hopkins University
Fellowship: Sydney University, Australia (Pediatric Airway Management)
Special Interests: Infant and childhood critical airway management



J. Kenneth Byrd, MD

Administrative Title: Assistant Professor and Chief of Head and Neck Surgery; Director of Research
Specialty: Otolaryngology (Head and Neck and Skull Base Surgery)
Medical School: Medical University of South Carolina
Residency: Medical University of South Carolina
Fellowship: University of Pittsburgh Medical Center (Advanced Head and Neck Oncologic Surgery; Skull Base Surgery)
Special Interests: Transoral robotic and laser surgery, endoscopic surgery for skull base tumors and defects, conservation laryngeal cancer surgery



Jimmy J. Brown, MD, DDS, FACS

Administrative Title: Professor and Chief of Facial Plastic and Reconstructive Surgery
Specialty: Otolaryngology (Head and Neck Surgery, Facial Plastic Surgery, Sleep Apnea)
Dental School: Howard University
Medical School: George Washington University
Residency: King/Drew Medical Center
Fellowship: Stanford University Medical Center (Advanced Head & Neck Oncological Surgery; Advanced Surgical Techniques for OSA)
Special Interests: Head and neck cancer ablative surgery, functional microvascular reconstructive surgery, facial plastic surgery, advanced orthognathic sleep surgery



Michael W. Groves, MD, FACS

Administrative Title: Assistant Professor and Residency Program Director
Specialty: Otolaryngology (General Otolaryngology)
Medical School: University of Michigan Medical School
Residency: Baylor College of Medicine
Special Interests: Salivary gland surgery including minimally invasive sialoendoscopy, congenital neck masses, head and neck cancer ablative surgery

No-hassle referrals Your time is valuable. To make an appointment for your patient, please call:

Otolaryngology/Head and Neck Surgery Appointments

Adults	706-721-4400
Pediatric	706-721-5500
Adult Head & Neck Cancer	706-721-6744

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706-721-6100



J. Drew Prosser, MD

Administrative Title: Assistant Professor
Specialty: Otolaryngology (Pediatric Otolaryngology)
Medical School: Medical College of Georgia
Residency: Augusta University
Fellowship: University of Cincinnati (Pediatric Otolaryngology)
Special Interests: Airway reconstructive surgery, pediatric obstructive sleep apnea, otologic procedures and surgical treatment of benign and malignant pediatric head and neck masses



Mohammad Seyyedi, MD

Administrative Title: Assistant Professor
Specialty: Otolaryngology (Otology/Neurotology)
Medical School: Tehran University of Medical Sciences
Residency: Mashhad University of Medical Sciences
Fellowship: Paparella Ear, Head & Neck Institute at the University of Minnesota (Otology/Neurotology) and Christiana Care Health System in Wilmington, Delaware (Otology/Neurotology)
Special Interests: Hearing loss/deafness, tinnitus, otosclerosis, chronic otitis media, cholesteatoma, vestibular schwannomas, vestibular and balance disorders such as Meniere's disease, benign paroxysmal positional vertigo (BPPV), vestibular migraine, migraine headaches, disorders of the facial nerve, temporal bone paragangliomas, temporal bone encephalocele, BAHA (bone anchored hearing appliance) implants, and cochlear implants



David J. Terris, MD, FACS, FACE

Administrative Title: Regents' Professor and Surgical Director of the Augusta University Thyroid/Parathyroid Center
Specialty: Otolaryngology (Thyroid and Parathyroid Surgery)
Medical School: Duke University
Residency: Stanford University
Fellowship: Stanford University (Head and Neck Oncologic Surgery)
Special Interests: Minimally invasive thyroid and parathyroid surgery, robotic facelift thyroidectomy, endoscopic neck surgery



Arthur J. Torsiglieri, MD, FACS

Administrative Title: Assistant Professor
Specialty: Otolaryngology (General Otolaryngology)
Medical School: University of Pennsylvania
Residency: University of Pennsylvania
Special Interests: All aspects of adult and pediatric otolaryngology



Marc LeDuc, PA-C

Title: Physician Assistant
Specialty: Otolaryngology (Otology)



Heather C. Bentley, FNP-C

Title: Nurse Practitioner
Specialty: Otolaryngology (Head and Neck Surgery)



Brian B. Shirley, PNP-BC

Title: Nurse Practitioner
Specialty: Otolaryngology (Pediatric Otolaryngology)



Sarah C. King, AuD, CCC-A

Title: Director of Audiology
Special Interests: Cochlear implant candidate evaluation, mappings and follow-ups, hearing aid evaluations and fittings



Laura E. Barber, AuD, CCC-A

Title: Audiologist
Special Interests: Vestibular (balance) evaluations, pediatric and adult diagnostic hearing evaluations, tinnitus evaluation and management, evaluations and fittings for hearing protection, hearing aids and assistive listening devices.



Sarah S. Storey, AuD, CCC-A

Title: Audiologist
Special Interests: Pediatric diagnostics, pediatric and adult hearing aid evaluation, fittings and follow-ups, electrophysiologic evaluations, cochlear implant candidate assessments

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Augusta University
 Medical College of Georgia
 Department of Otolaryngology-Head and Neck Surgery
 1120 15th Street, BP 4109
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CHANGE SERVICE REQUESTED

Augusta University is an Equal Opportunity,
 Affirmative Action, and Equal Access employer.

PROFESSIONAL OPPORTUNITIES

Otologist/Neurotologist: We are seeking an Assistant or Associate Professor who wishes to join a thriving academic Neurotology/Otology practice. Fellowship/Postdoctoral training required.

To apply and receive additional information about the support associated with this opportunity, please send a curriculum vitae to Dr. Stil Kountakis, skountakis@augusta.edu.

Fellowships:

Endocrine/Head and Neck Surgery

Contact Dr. David Terris, dterris@augusta.edu

Rhinology and Sinus/Skull Base Surgery

Contact Dr. Stil Kountakis, skountakis@augusta.edu

Laryngology

Contact Dr. Gregory Postma, gpostma@augusta.edu

EDUCATIONAL EVENTS

May 3-5, 2018:

Southern States Rhinology Symposium
 Kiawah Island, South Carolina
 southernstatesrhinology.org

April 18-22, 2018:

Combined Otolaryngology Spring Meetings
 National Harbor, Maryland
 cosm.md

June 8-9, 2018:

Sixteenth Annual Porubsky Symposium and Alumni Event
 Augusta, Georgia
 aoefdn.org/porubsky

Giving Opportunities

Designate Your Gift to AU Otolaryngology-HNS

- Porubsky Resident Education Fund \$ _____
 - Otology Fund \$ _____
 - Laryngology Fund \$ _____
 - Skull Base Academic Fund \$ _____
 - Area of Greatest Need \$ _____
- TOTAL \$ _____

- Check enclosed to GHS Foundation
- CREDIT CARD please complete the following
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Gifts are tax-deductible to the extent provided by law.
 For more information, call 706-721-2515
 or visit augusta.edu/igive.
 Mail to: Eileen Brandon, Office of Advancement,
 1120 15th St. FI-1031, Augusta, GA 30912.