Welcome to our office.

Please note that your initial otoneurology/otolaryngology (Ear, Nose & Throat) head and neck consultation and examination comprises consists of several components, which are outlined below so you will know what to expect. Please feel free to ask questions about the process.

After a history of your present illness or reason for your consultation is obtained, you will be asked about your prior medical history, some of which you should have submitted ahead of the visit.

You will then undergo an otolaryngology-head and neck examination, which will include the multiple areas in this anatomical region.

The otologic (ear) component begins with examination of your outer ears and inspection of the ear canals with a special light with magnification, called an “otoscope.” If your ear canals are filled with debris and or ear wax (cerumen), they will be cleaned, usually with a binocular operating microscope. Further examination of the eardrum ( tympanic membrane) and parts of the middle ear that can be visualized will be performed with the otoscope and or the binocular operating microscope. Sometimes secretions or drainage from these structures are removed with a fine vacuum suction tube.

Different parts of the auditory pathway are initially evaluated with a tuning fork. While this technique has a long history, it is also used as in conjunction with the more modern sophisticated audiometric testing of hearing by the audiologist.

Before the nose and the nasal cavity are examined, these areas are numbed with a topical anesthetic administered with a nasal spray. This flavored medication is the same anesthetic that the dentist uses to numb the teeth: lidocaine and epinephrine. Here we use it as a nasal spray, not an injection. Sometimes, the spray can sting for a few seconds. Because the nerves to the palate and the front upper teeth travel through the nasal cavity, these areas will also be numb. The numbness will last about an hour. You will be able to swallow, eat, drink, and talk and you do not need to stay in the office until the numbness wears off. One to two percent of patients have a runny nose for a day or two as a reaction to the nasal spray.

The nasal examination is performed with a very thin fiberoptic camera scope, which allows inspection of the nasal structures including the passageways to the sinuses. Further behind the nasal cavity are the eustachian tube orifices coming from the middle ear. Examination of the eustachian tube entry portals is an important part of the complete middle ear examination. This examination is called “nasopharyngoscopy”, which is just a detailed visualization of the nasopharynx. The Nasopharyngoscopy examination is not painful, but has been described as a “weird” sensation.
If the patient is allergic to the anesthetic nasal spray, frequently we talk the patient through the examination without the topical anesthetic.

From the nasopharynx, the fiberoptic scope is then directed to look downward to the back of the throat and the larynx with its vocal cords. You will be asked to say “eeeee”, which will enable your physician to see how your vocal cords are functioning. This is an important part of your examination because impaired vocal movement can be associated with diseases of the nervous system that are also seen with certain types of hearing loss. This part of the examination is called “laryngoscopy.” These two examinations can be performed with a head mirror, a technique, which is generally not as informative as those performed with the fiberoptic scopes.

Nasopharyngoscopy and laryngoscopy are very well established parts of the outpatient office examination of the otolaryngology head and neck area. Some insurance companies have recently started to call these examinations “surgery”, even though there are no incisions involved and they are part of the basic examination of this region. This altered designation as “surgery” may allow them to reimburse under a “surgery” payment rate, which may be different and with different deductibles. Nevertheless, the overwhelming majority of insurance companies cover these examination components, regardless of how they chose to describe them.

The next part of the examination of the otolaryngologic-head and neck area covers the neck with techniques of visualization and palpation of the underlying structures and lymph nodes.

The otoneurologic examination also includes evaluation of the auditory (hearing), vestibular (balance) system and parts of the nervous system.

An auditory evaluation with our Audiologists is usually obtained, particularly if there is a question about hearing loss or other ear problems.

Frequently, dizziness and balance problems are assessed with more specific testing of the vestibular system during scheduled visits outside of the initial consultation. These will be explained in more detail if such tests are required.

It is hoped that the above information about your initial otoneurology/otolaryngology head and neck examination is helpful. Please do not hesitate to ask any of the staff or the doctors if there are any questions.

Please sign below to indicate that you have read the above and that your questions have been addressed.