

HYPERBARIC OXYGEN THERAPY FOR EARS, NOSE, AND THROAT

HyOx treats the following approved and covered conditions:

- Delayed radiation injuries
 - Osteoradionecrosis (ORN) of the mandible
 - Referral protocol: MARX Protocol includes prophylactic pre- and posttreatment for patients undergoing invasive surgery to the head and neck, including tooth extraction, in a previously radiated jaw to improve tolerance to surgical wounding
- Soft tissue radionecrosis (STRN) including chondro radionecrosis
 - Referral Protocol: Post diagnosis of STRN or ORN (may occur weeks, months, even year post-radiation)
- Orocutaneous fistulas
 - Referral Protocol: Immediately, when post-surgical site shows signs of dehiscence, necrosis, blistering, erythema, and/or infection
- "Lumpy Jaw" infection (refractory actinomycosis and other mycoses)
- **Necrotizing bone and soft tissue infections** (orbital cellulitis, rhino-cerebral mucormycosis, zygomycosis)
- Malignant external otitis (necrotizing invasive pseudomonal infection of the external auditory canal)
 - Referral Protocol: Immediately, in the acute phase, after a wound culture, MRI or bone biopsy show necrotizing bone or soft tissue infection
- Compromised skin grafts and flaps from radiation, decreased perfusion or hypoxia
 - Referral Protocol: Immediately, to preserve a flap or graft that shows signs of dehiscence, necrosis, blistering, erythema, and infection
- Sudden sensorineural hearing loss* (1)
 - Referral Protocol:
 - Immediately after diagnosis is made after initial ENT evaluation with imaging and audiologic assessment
 - Along with steroid therapy, hyperbaric oxygen therapy most benefits patients with 60 dB of hearing loss undergoing five to 15 treatments
 - If there is a significant delay between the initial audiogram and commencement of treatment, a second audiogram should be ordered to serve as a more accurate baseline

Benefits of Hyperbaric Oxygen Therapy:

- Stimulates angiogenesis / neovascularization in hypoxic tissues following the Marx Protocol for ORN (20 treatments pre- and 10 post-extraction) to achieve uncomplicated healing and viable tissue prior to surgery**(2)
- Increases cellularity and vascularity in irradiated tissues optimally working in tandem with surgical intervention since ORN is the result of an avascular, aseptic necrosis (3)
- Reverses tissue hypoxia in malignant external otitis, which enhances phagocytic killing of aerobic microorganisms and stimulates angiogenesis, and augments the action of aminoglycoside antibiotics (4)
- Decreases infection, inflammation, dehiscence and delayed healing in soft tissue necrosis (5) (6)
- Maximizes the viability of compromised tissue while revascularization takes place thereby reducing the need for regrafting or repeat flap procedures (7) (8)
- Works synergistically with antibiotic therapy to boost healing process in bone and soft tissue infections like actinomycosis, primarily occurring in the head and neck
- Boosts effectiveness of corticosteroids, either systemic or injected into the tympanic membrane for sudden sensorineural hearing loss (9)

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NOTES:

- *Not covered by insurance 100% of the time. Check with your insurance if they will cover your treatment.
- ** May require more treatments for mandibular resection and reconstruction success.

