David Dillard, MD

David Dillard, MD, LLC- Private Practice of Otolaryngology

American Academy of Otolaryngology HNS

American Society of Otolaryngic Allergy

American Rhinologic Society

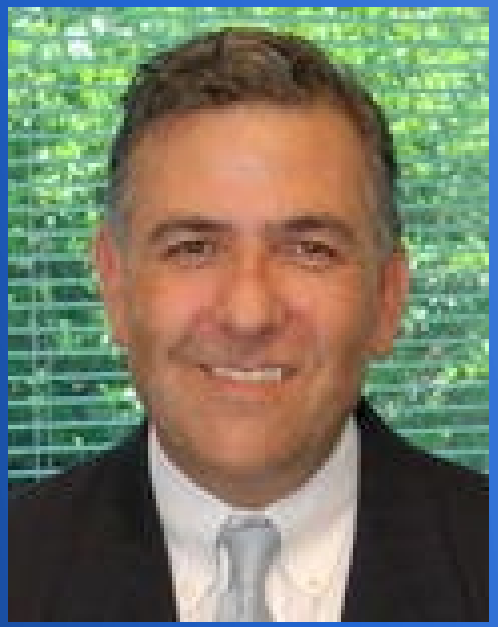
Board Certified : Otolaryngology

Special interests: HNS and Research

Medical School:
University of Alabama

Residency:
Emory University Hospital

Fellowship:
Emory University Hospital



Sleep and Sinus Centers of Georgia

Synergy of Sleep Surgery and Cardiovascular: Vivaer, VOAT and friends

David G. Dillard, MD

Atlanta Allergy and Otolaryngology Centers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CPAP
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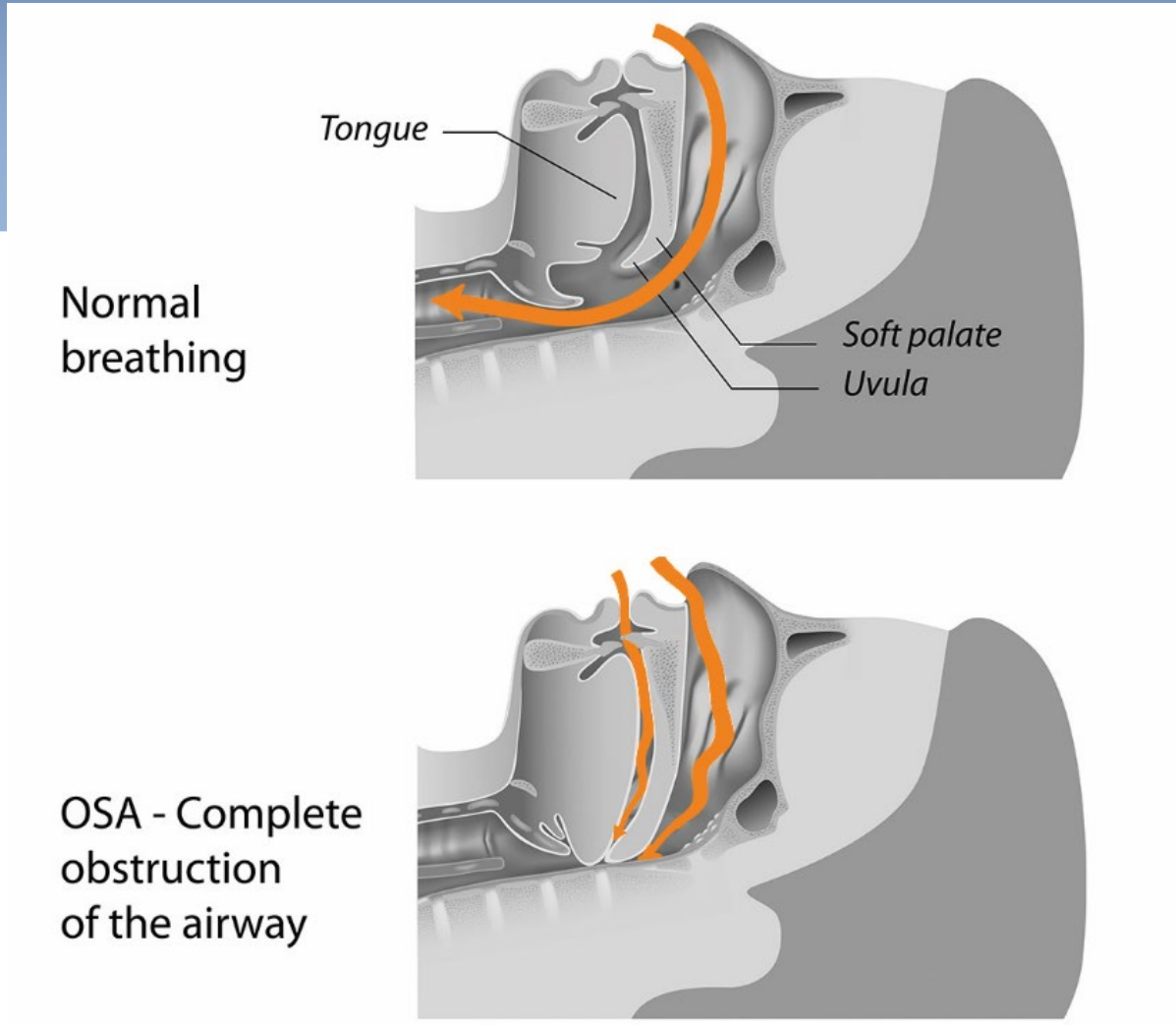
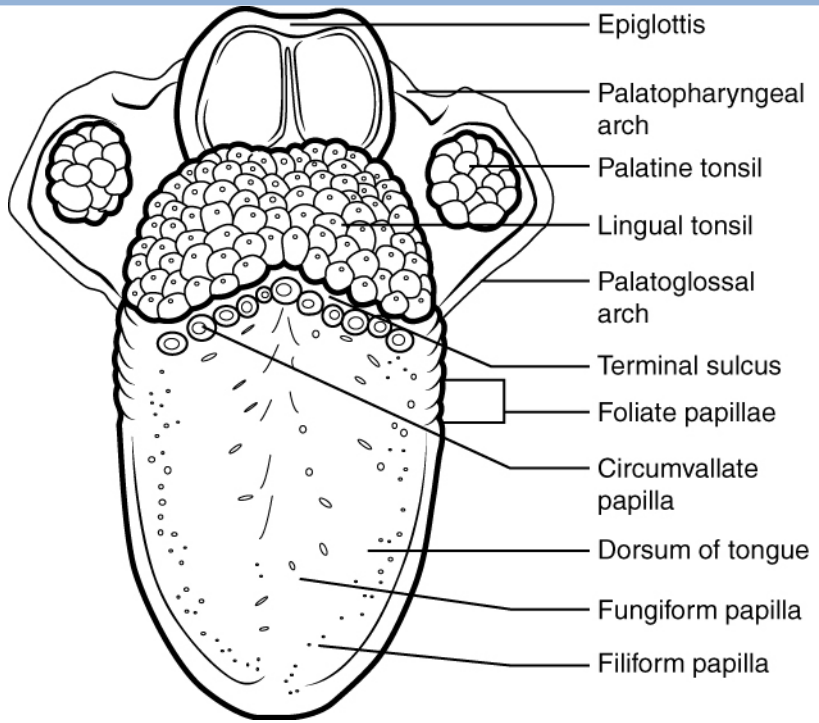
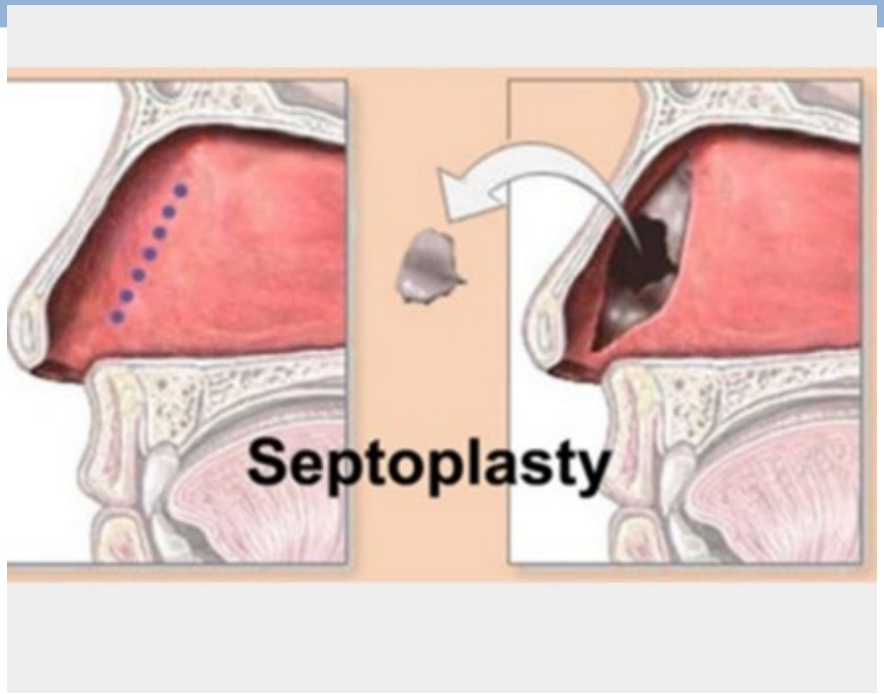
The Major Issue



Lingual tonsils



Septoplasty



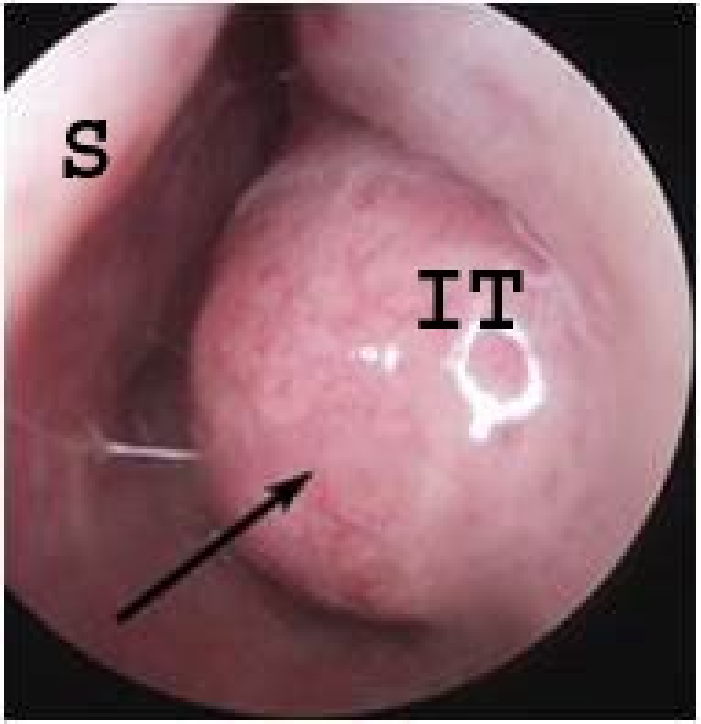
Balloon Septoplasty

*

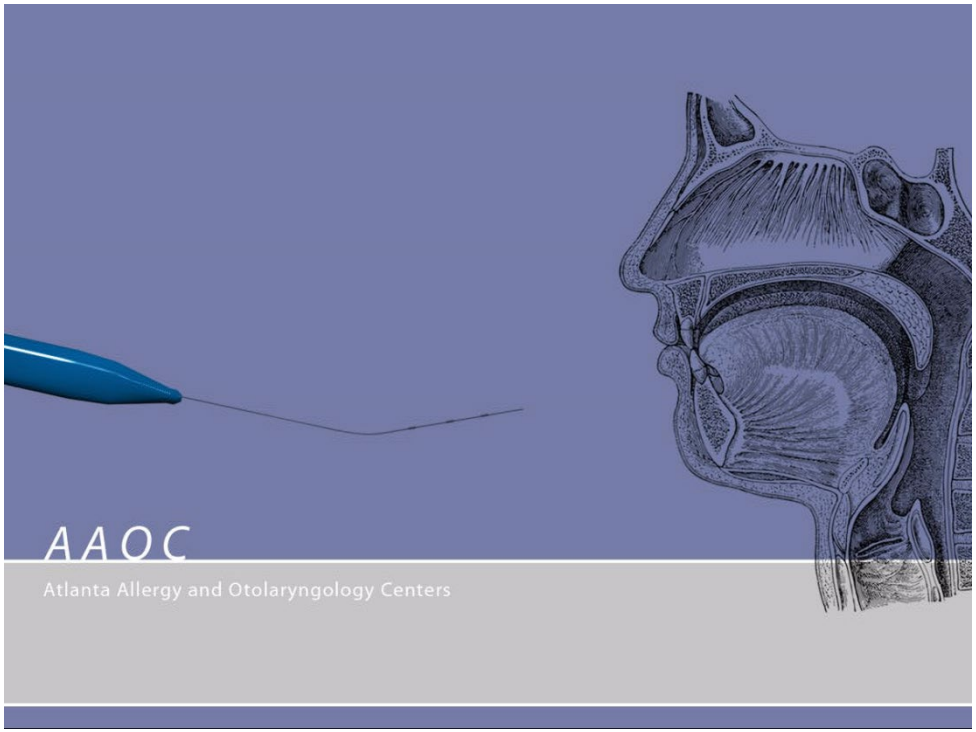
ClearPath

Sinuplasty

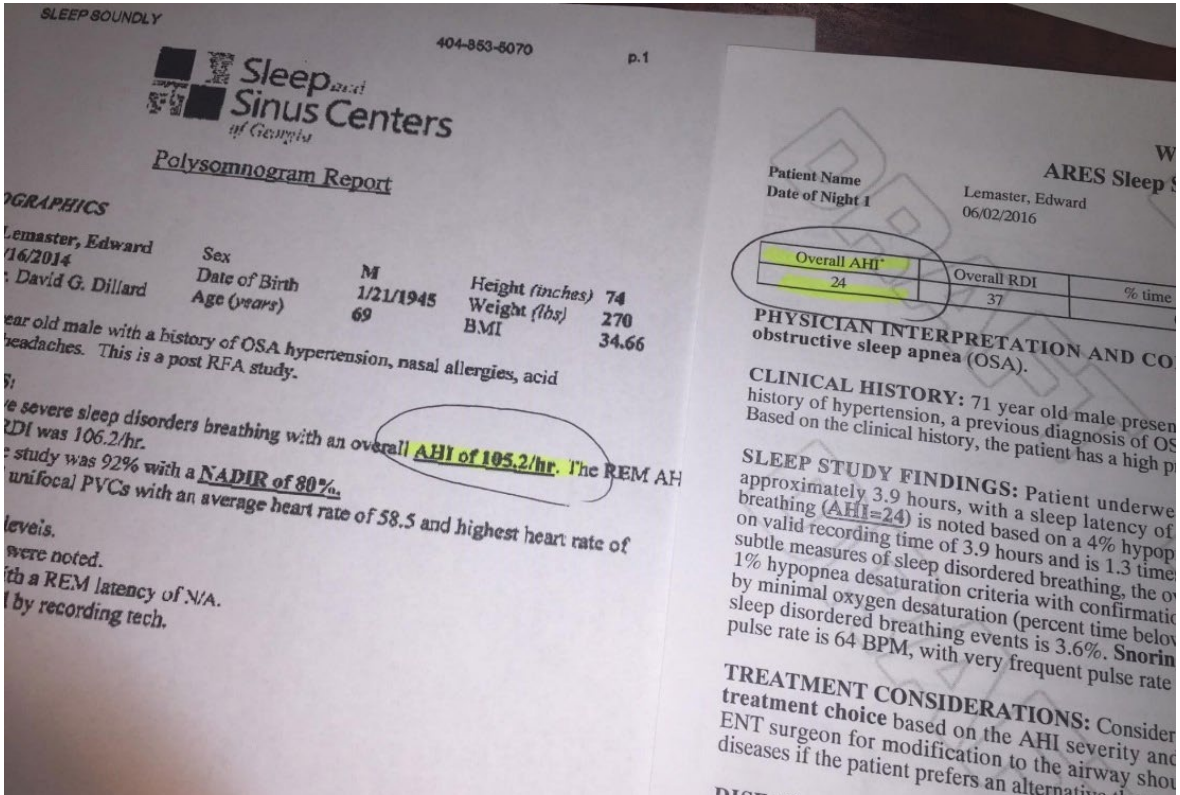
Turbinate



VOAT



Surprise



SLEEP SOUNDLY 404-853-6070 p.1

Sleep and Sinus Centers of Georgia

Polysomnogram Report

OGRAPHICS

Lemaster, Edward
/16/2014
: David G. Dillard

Sex M
Date of Birth 1/21/1945
Age (years) 69
Height (inches) 74
Weight (lbs) 270
BMI 34.66

ear old male with a history of OSA hypertension, nasal allergies, acid
headaches. This is a post RFA study.

s:
e severe sleep disorders breathing with an overall AHI of 105.2/hr. The REM AH
RDI was 106.2/hr.
study was 92% with a NADIR of 80%.
unifocal PVCs with an average heart rate of 58.5 and highest heart rate of

levels.
were noted.
th a REM latency of N/A.
by recording tech.

Patient Name Lemaster, Edward
Date of Night 1 06/02/2016

ARES Sleep

Overall AHI*	Overall RDI	% time
24	37	

PHYSICIAN INTERPRETATION AND CO
obstructive sleep apnea (OSA).

CLINICAL HISTORY: 71 year old male presen
history of hypertension, a previous diagnosis of OS
Based on the clinical history, the patient has a high p

SLEEP STUDY FINDINGS: Patient underwe
approximately 3.9 hours, with a sleep latency of
breathing (AHI=24) is noted based on a 4% hypop
on valid recording time of 3.9 hours and is 1.3 time
subtle measures of sleep disordered breathing, the o
1% hypopnea desaturation criteria with confirmatio
by minimal oxygen desaturation (percent time belo
sleep disordered breathing events is 3.6%. Snorin
pulse rate is 64 BPM, with very frequent pulse rate

TREATMENT CONSIDERATIONS: Consider
treatment choice based on the AHI severity and
ENT surgeon for modification to the airway shou
diseases if the patient prefers an alternative

VIVAER Treatment Overview

In-Office Treatment

- Procedure is optimized for office environment
- Requires only local anesthetic on a fully awake patient with minimal discomfort
- Direct visualization of treatment areas; no endoscope necessary
- Imn al a

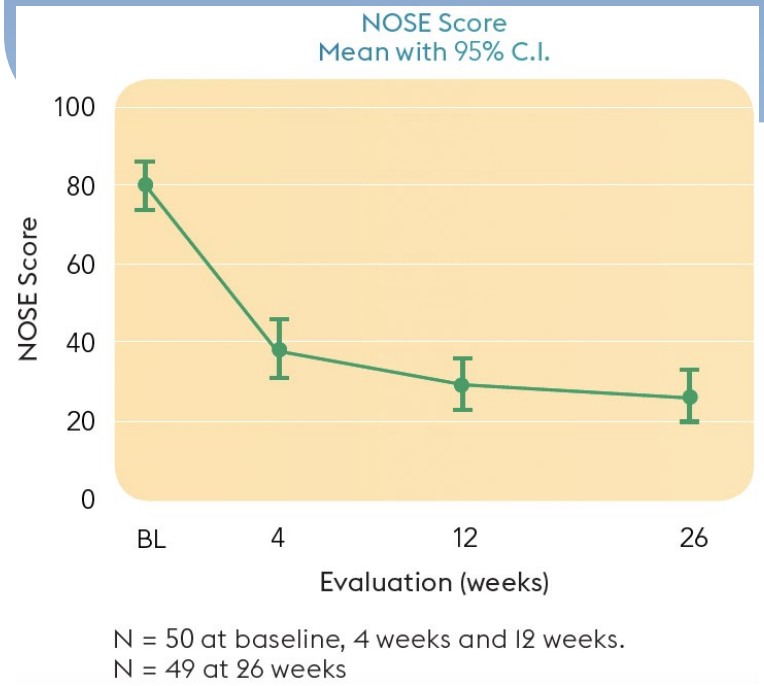
Treatment time of 30 seconds per site, typically three sites per nostril.

Total procedure time under 15 minutes, including local anesthesia dwell time.

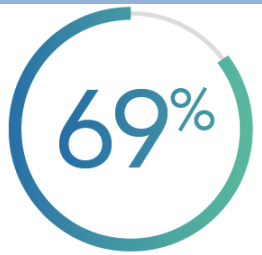
Straightforward, Fast Procedure

Results Comparable to Surgery

US Pivotal Study



N = 50 at baseline, 4 weeks and 12 weeks.
N = 49 at 26 weeks

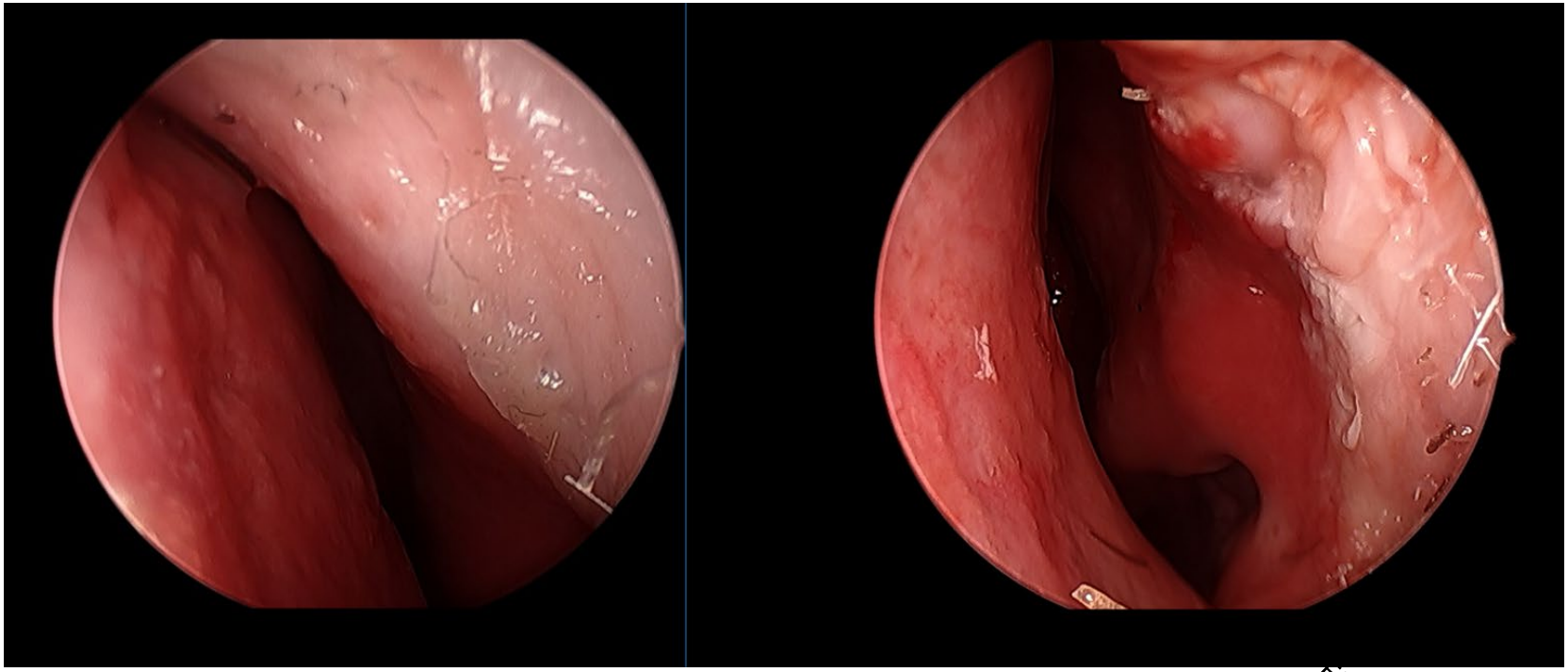


Reduction in NOSE scores, similar to surgery[1]

Patient responder rate to treatment

1 Rhee, JS et al. A Systematic Review of Patient Reported Nasal Obstruction Scores, JAMA FacialPlastSurg. 2014;16(3):219-2

VIVAER PRE AND POST



ENDING