BALLOON SINUS SURGERY OVERVIEW

The NuVent™ EM Sinus Dilation System may be used in a minimally invasive surgical procedure to open blocked sinus pathways. NuVent™ is unique because it has a built-in tracking element that “talks to” our Medtronic image guidance system (IGS) technology. Your sinus anatomy is unique, especially if you have sinus disease. The IGS displays a visual map of your sinus anatomy for your doctor. It works like GPS in a car or phone—to help guide and place the balloon device.

The goal of this procedure is to unblock sinus pathways and¹²:

- Improve symptoms
- Reduce infections
- Minimize sinus headaches
- Help you get back to life’s routine

Are you one of the 31 million Americans who suffer from sinusitis?

BEFORE YOUR TREATMENT

CT Scan: You’ll need to have a CT scan of your sinuses prior to your procedure. The IGS technology implemented in our office will use this scan to create a visual map of your sinus anatomy.

Anesthesia: NuVent™ may be used in the office or the OR. Your provider will discuss your anesthesia options, which will depend on the extent of disease and other factors.

Image Guidance System (IGS): A small tracking device and a special instrument will be used to register and map your anatomy to your CT scans in the IGS.
**DURING YOUR TREATMENT**

Placing NuVent™ - Your surgeon inserts the NuVent™ balloon into the blocked sinus pathway, using the IGS to confirm precise placement.

Inflating NuVent™ - After your surgeon confirms placement, the NuVent™ balloon is inflated and held in place for 5 seconds.

Deflating NuVent™ - After inflation, the balloon is then deflated. The process of inflating and deflating is repeated as necessary.

**AFTER YOUR PROCEDURE**

After the procedure, your doctor may prescribe additional medications and irrigations to use to ease pain and swelling. Be sure to discuss any concerns with your doctor.

For supplementary information on the **NuVent™ EM Sinus Dilation Systems** please visit [www.sinusitissurgery.com](http://www.sinusitissurgery.com)

**References:**