

Having Nasal Surgery? Don't You Become An Empty Nose Victim!

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In July 1997 shortly before going away to college Chris Martin underwent surgery to remove turbinate tissue from both sides of his nose. An ENT doctor had recommended the procedure called a bilateral turbinectomy to relieve the chronic stuffiness the young man had been experiencing as a result of allergies and sinus infections. In the weeks and months that followed Martin realized that the surgery had not helped him. The cycle of sinus infections had not only continued but had intensified. His nose was perpetually dry his throat sore his mucous membranes inflamed. Before long he was also experiencing panic-inducing shortness of breath disturbed sleep and intolerance to cold air. He became anxious and concerned. His discomfort led him back to ENT specialists and almost into another surgery until by accident in 2003 he discovered a Web site that defined “empty nose syndrome.” He now knew that his problem has a name: ENS. Its cause is summed up by Dr. W.S. Tichenor a New York City sinusitis specialist: “Too many surgeons today believe they can indiscriminately remove large amounts of turbinate tissue.” Martin and his fellow ENS sufferers are the unhappy victims of these surgeries.

For the past four years Chris Martin has been learning how to live with ENS. With this book he has fulfilled a major step in his mission to help educate sinus allergy and post-nasal drip victims who are considering surgery as well as ENS sufferers and ENT professionals and plastic surgeons many of whom have not been exposed to the scant literature about the syndrome. In August 2006 Martin met Dr. Steven Houser an ENT specialist in Cleveland Ohio who has been treating ENS sufferers—at times by rebuilding the remains of their turbinate tissue. Dr. Houser has performed two implant surgeries on Martin in order to decrease the nasal airway volume. The lesser amount of air entering the nose results in more resistance to airflow thus less dryness. A second important effect of Dr. Houser’s implants has been to partially restore the pulmonary functioning that was impaired by the “empty” or too-open nasal passages.

Martin now a family man and school psychologist in his late twenties in upstate New York writes not as a doctor but as a survivor. He presents here a working definition of ENS and a primer on surgical as well as other medical dietary and environmental ways to treat its symptoms. He includes a layman’s guide to turbinate functioning and to the science and politics of turbinate surgery. Having learned to manage his condition he tells a compelling personal story that adds passion and authority to his presentation. Martin grants as his research shows that “conservative” turbinate surgery can often alleviate chronic stuffiness but his presentation implicates the many doctors and plastic surgeons who continue to remove excessive amounts of turbinate.

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