

Bronchial Thermoplasty

Bronchial Thermoplasty (BT) is a non-drug, outpatient bronoscopic procedure that delivers precisely controlled thermal energy to reduce excess airway smooth muscle associated with airway constriction in asthma patients.

Bronchial Thermoplasty attacks the asthma at its source by reducing the amount of smooth muscle causing the airway to constrict. In three sessions typically scheduled three weeks apart, a specially trained pulmonologist uses a small catheter to apply heat to the affected areas, "melting away" the smooth tissue build-up and decreasing the muscle's ability to constrict the airways.

Each session lasts about an hour and focuses on a different part of the lungs to ensure every affected area is treated. Only patients 18 years and older whose asthma is not well controlled with medication are considered candidates for the procedure and then only after a thorough evaluation to ensure all other available therapies have been attempted.

Dr. Michael Pritchett is one of only a few North Carolina pulmonologists who are trained in the procedure, which is done in an outpatient hospital setting while the patient is consciously sedated or under general anesthesia.



Michael Pritchett, D.O.

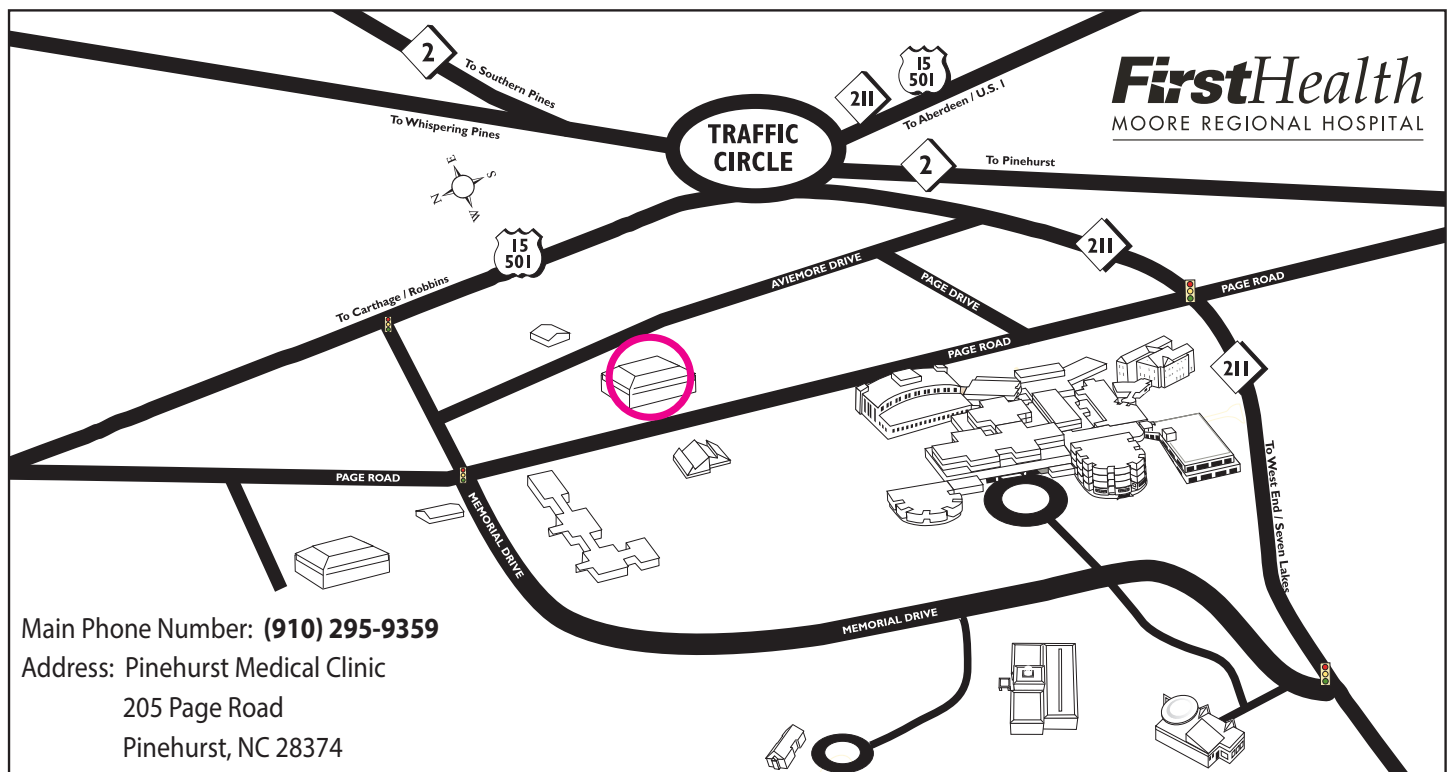
What are the benefits of Bronchial Thermoplasty?

- Significant improvement of asthma control and asthma-related quality of life
- 32% decrease in severe asthma attacks
- 84% reduction in emergency department visits for respiratory symptoms
- 73% reduction in hospitalization for respiratory symptoms
- 66% fewer days lost from work, school and other daily activities due to asthma

Patients may be a candidate for BT if they:

- Are age 18 or older
- Are symptomatic despite taking a combination of inhaled corticosteroids (ICS) and long-acting beta agonists (LABA) to control asthma
- Are able to safely undergo a bronchoscopy procedure

Bronchial Thermoplasty referral can be made to Michael Pritchett, D.O., at Pinehurst Medical Clinic, (910) 235-3315. All BT procedures are performed at FirstHealth Moore Regional Hospital.



Bronchial Thermoplasty

Requested Pulmonology Physician: Michael Pritchett, D.O.

To make a referral, please fax this form to (910) 235-3315. Call (910) 295-9359 with any questions.

Patient Information

Patient's Name _____

Patient's Address _____

Date of Birth _____

Patient's Daytime Phone _____ Patient Cell Phone _____

Insurance Information _____

Referring Physician _____

Referring Physician Phone _____ Referring Physician Fax _____

Has patient previously been treated with Bronchial Thermoplasty? Yes No

Current Asthma Medication Use

Is patient taking ICS and LABA? Yes, dosage (mg): _____ No

Advair™ Symbicort™ Dulera™

Other Asthma Medications: OCS, dosage (mg): _____ Omalizumab

Other: _____

Is patient symptomatic? Yes No

What symptoms does the patient experience related to his/her asthma (Mark all that apply)

- Asthma exacerbations requiring oral steroids
- Use of rescue inhaler > 2x per week
- ER, urgent care or unscheduled office visits in the past 12 months
- Physical or activity limitations due to asthma

To assess patient's other qualifications and coverage benefits for this procedure, please also include:

- Patient's asthma history/medical records
- Most recent PFT

Other Comments: _____
