

EDUCATION

BVI is committed to educating our patients, other physicians, and interested people worldwide about voice, swallowing, and airway disorders. We do this in person with patients, using models, handouts, and a comprehensive atlas of disorders.

BVI hosts physicians from around the world to observe our clinicians. We hold occasional seminars for speech pathologists. Also, our clinicians are invited to speak at conferences in the U.S. and around the world, and they have given courses at the American Academy of Otolaryngology and the American Speech-Language-Hearing Association.

BVI educates as a public service via the internet, using Dr. Bastian's comprehensive educational website, **Laryngopedia**, as well as his YouTube channel. The purpose of these online resources is to help people worldwide work more effectively with their personal physicians.



www.laryngopedia.com

RESEARCH

Our clinicians' roots in academia give them a passion for research. Recent publications have dealt with a new BVI discovery: inability to belch and severe daily associated symptoms caused by retrograde cricopharyngeus dysfunction (R-CPD). Another recent publication looks at HPV (human papilloma virus) subtypes that cause laryngeal papillomas (RRP, or recurrent respiratory papillomatosis). BVI has also contributed the largest cohort of genetic (blood) samples of patients with laryngeal dystonia causing spasmodic dysphonia.

HONORS

Robert W. Bastian, M.D.
Chicago Magazine's "Chicago's Top Doctors"
2004–present

Castle Connolly's "Top Doctors"
2003–present

Honor Award and Distinguished Service Award
for teaching contributions,
American Academy of Otolaryngology

Brent E. Richardson, M.D.
Castle Connolly's "Top Doctors"
2005–present

Honor Award,
American Academy of Otolaryngology

Rebecca C. Hoesli, M.D.
Charles Krause Resident Award,
University of Michigan

BASTIAN VOICE INSTITUTE

for voice, swallowing & airway disorders

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**BASTIAN
VOICE INSTITUTE**
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WHO WE ARE

Bastian Voice Institute (BVI) opened its doors in 2003, as a private practice focused on patient care, education, and research. It was a “rebirth” for BVI’s laryngologists, Robert W. Bastian, M.D., and Brent E. Richardson, M.D., who came from established careers in academic medicine. From the start, BVI’s mission was **to provide the highest possible patient care and consideration, for persons with voice, swallowing, and airway disorders.** Not only do BVI clinicians and staff aim to provide superlative professional care with state-of-the-art diagnostic tools, innovative techniques, and leading-edge equipment, but also to provide considerate and thoughtful service to patients. In addition to Drs. Bastian, Richardson and Hoesli, BVI’s team includes: Melissa Wingo, M.A., PA-C, and a carefully chosen administrative staff who together work to advance the BVI mission.



Dr. Robert Bastian



Dr. Brent Richardson



Dr. Rebecca Hoesli



Melissa Wingo,
physician’s assistant

CONSIDERING THE PATIENT

The space

BVI offers a warm and gracious space for our patients. Clinical areas are equipped for state-of-the-art examination and treatment, including for laryngeal videostroboscopy, Thulium and KTP lasers treatment, and swallowing studies.

Patient convenience

Many patients travel from out of state. For new patients, we try to schedule sufficient time to offer treatment when possible during the first visit, to avoid the expense of traveling back to BVI. We also offer telemedicine capabilities.

Teaching

BVI clinicians work hard to make sure that patients understand their disorders in depth, via personal teaching, handouts, teaching videos, and on-line teaching materials. We aim to give patients both information and insight about their issues and treatment options.

Service

The staff returns phone calls within a day whenever possible. We stress efficiency, good communication with other physicians, and a telemedicine option.

INNOVATIVE SERVICES

Integrative diagnostic model

BVI clinicians use Dr. Bastian’s unique three-step diagnostic model, which includes: 1) *patient history*; 2) *the vocal capability battery*, which addresses phenomenologically the voice’s capabilities, limitations, and aberrations; 3) *videostroboscopy*, to examine visually the structure and function of the upper aerodigestive tract and, in particular, the vocal folds. BVI’s conviction is that other kinds of measurements, such as of voice acoustics and airflow characteristics, are not primary diagnostic tools, though they may have value for documentation or biofeedback in the hands of our speech pathologists.



Office-based surgery

Physicians typically perform larynx and pharynx surgeries in the operating room, due to the need for general anesthesia. With the advances of digital optics and the use of topical anesthesia, however, Drs. Bastian, Richardson, and Hoesli handle many such procedures in a specially equipped videendoscopy room in the office – saving patients both time and money. Here they routinely offer biopsy of suspicious lesions, laser treatments (pulsed-KTP or Thulium), and vocal fold injections for cases of vocal fold paralysis or atrophy.



Vocal fold microsurgery

Many people – especially professional singers – may suffer from hoarseness or other voice problems caused by injuries or other lesions on their vocal folds. Drs. Bastian and Richardson have particular expertise and experience in surgically treating injuries that won’t otherwise resolve. Twenty-five years ago, the conventional wisdom was that singers with such disorders should only be treated with speech therapy; surgery was believed (incorrectly) to always cause a scar. But as medicine’s understanding of vocal fold physiology deepened and more advanced technology appeared, BVI clinicians (to the initial disapproval of others in their field) began to discover how remarkably restorative skillful vocal fold microsurgery can be for singers. To date, Drs. Bastian, Richardson, and Hoesli have operated on an estimated 1,500 singers, as well as thousands of non-singer patients.



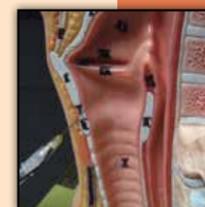
Larynx cancer surgery

The common tools for treating larynx cancer include surgery, radiation, and chemotherapy. For smaller tumors in particular, laser excision through the mouth can be very advantageous. BVI clinicians have a large and noteworthy experience with larynx cancer, particularly in performing endoscopic laser surgery and, when need be, partial laryngectomy or total laryngectomy.



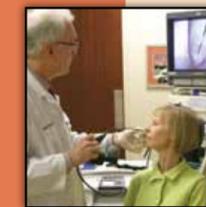
Botox™ injections for spasmodic dysphonia (SD)

SD is a rare neurological disorder which, due to involuntary spasms of vocal fold muscles, affects voice control. In some cases, the voice catches, cuts out, or sounds squeezed or strangled. In other cases, the voice “drops away” to a whisper for certain syllables or words. The most effective treatment in widespread use is periodic injection of Botox™ into the tiny muscles of the larynx. Typically, three or four injections per year can keep the voice functioning at a much better level. BVI clinicians were among the first in the country to use Botox™ for treating SD, dating back to 1989. Today, they perform about 80 Botox™ injections per month.



Vocal fold injections or implants for paralysis

For people suffering from a weak, breathy voice caused by vocal fold paralysis or atrophy, BVI offers voice gel injections (for temporary benefit, typically lasting many months). When the neurological impairment is known to be permanent, then silastic or other implant material may be inserted into the fold through a one-inch incision on the neck, with the patient under local anesthesia with sedation. Approximately 50 permanent implants are placed each year for this condition in a nearby day surgery center.



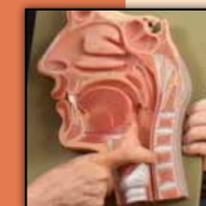
Videostroboscopy

After taking the patient’s history and assessing the voice’s capabilities and limitations, BVI clinicians visually inspect the larynx, including vocal fold vibration, and other parts of the upper aerodigestive tract using state-of-the-art equipment with remarkable optical resolution and magnification. This level of visual clarity helps BVI clinicians to avoid being misled by “red herrings” – obvious but irrelevant visual findings – as well as to discover more subtle visual clues.



Videoendoscopic swallowing study (VESS)

Developed by Dr. Bastian, VESS is a way to evaluate the ability of people who complain of swallowing difficulties. The clinician uses a flexible endoscope positioned just above the patient’s palate to watch from inside as the patient swallows blue-stained applesauce and water, as well as orange-colored cheese crackers. VESS is sometimes a stand-alone approach, sufficient by itself for diagnosis and management. Sometimes, especially when cricopharyngeal dysfunction with or without Zenker’s diverticulum is suspected, the x-ray-based videofluoroscopic swallowing study (VFSS) is also used.



Surgery for cricopharyngeal dysfunction

This disorder causes people to have progressive difficulty in swallowing, particularly solid foods and pills. This is because the upper esophageal sphincter (cricopharyngeus muscle) fails to relax and allow material to pass through. To treat this disorder, BVI clinicians have been in the vanguard of physicians using endoscopic (through-the-mouth) laser surgery, in preference to the more traditional neck-incision approach. The caseload at BVI for this disorder is thought to be the largest in the Chicago metro area.



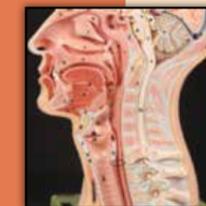
Treatment for recurrent respiratory papillomatosis (RRP)

RRP is caused by chronic infection with the human papillomavirus (HPV). The result is a proliferation of wart-like lesions within the larynx and, occasionally, the trachea. BVI’s caseload of roughly 170 patients is comprised entirely of adults. Drs. Bastian and Richardson have been early adopters of adjuvants (follow-up or supporting treatments to surgery) such as interferon, indole-3-carbinol, cidofovir, artemisinin, and avastin.



Sensory neuropathic cough treatment

More than 15 years ago, Dr. Bastian discovered a neurogenic form of coughing, which he terms “sensory neuropathic cough,” and which might otherwise be mistaken as being the result of asthma, acid reflux, chronic infection, allergy, or even psychogenic causes. BVI has since attracted as many as 1,000 such patients from as far away as Brazil. Many of these patients are managed over time from great distance, via phone follow-up.



Inability to burp or belch

Another BVI discovery is a previously-unknown disorder causing severe daily distress of inability to belch, socially-awkward gurgling noises, bloating and other abdominal distress and in most cases excessive flatulence. A single injection of Botox into the upper esophageal sphincter resolves this problem permanently in 4 of 5 patients. So far, (July 2020), BVI doctors have treated over 300 patients from 41 states and several foreign countries.