



How to Treat Chronic Back Pain Without Surgery: Video Transcript

Speaker 1 ([00:00](#)):

So without further ado, I'm going to introduce Dr. Andrew Romeo. So Andrew, Dr. Romeo is a neurosurgeon at Neurosurgery one in Denver, Colorado. He went to University of Alabama School of Medicine for medical school residency and fellowship. Dr. Romeo is a fellowship trained neurosurgeon specializing in functional neurosurgery including inspir therapy for obstructive sleep apnea. After completing his undergraduate study at Rhodes College in Tennessee, Dr. Romeo completed his medical degree neurosurgery, surgery, residency and fellowship again at University of Alabama School of Medicine. Dr. Romeo believes in evidence-based medicine while also personalizing diagnostic and treatment strategies to meet the individual needs of his patients, inspired by both his grandfather and his father who were positions. Dr. Romeo knows how important it's to partner with patients. He gives out his personal cell phone as he wants patients to have access to him and keep him updated on how you're doing after surgery. And I will vouch for this. I know this is true. Dr. Romeo gives all of his inspire patients his personal contact information to ensure you are doing well post-procedure. So without further ado, we're going to go ahead and kick it off. Dr. Romeo, I believe you're on the call if you want to come off mute just so we can make sure we can hear you, we will get, yeah,

Speaker 2 ([01:16](#)):

I'm here.

Speaker 1 ([01:17](#)):

Awesome. We can hear you. Thank you for joining us tonight. Are you on video as well?

Speaker 2 ([01:24](#)):

I believe so, yeah.

Speaker 1 ([01:26](#)):

Okay, awesome. I think so as well. We're just double checking here. I want to make sure people can see you. So we're going to go ahead tonight and kick off the call with just a brief discussion about obstructive sleep apnea in general. So this is the reason we're all here tonight because most of these people that are on the call probably either suffer from sleep apnea or know somebody, a loved one, a spouse brother, sister child that has sleep apnea. And sleep apnea is an extremely prevalent disease state that affects millions of Americans across the country. That's estimated that over 20 million Americans have moderate to severe obstructive sleep apnea. And obstructive sleep apnea is really when the tongue and the soft palate relax during sleep and they block airflow. So there's a diagram down here

Arvada

16280 W. 64th Ave.
Arvada, CO 80007

Castle Rock

4350 Limelight Ave., Suite 100
Castle Rock, CO 80109

Lakewood

11750 W. 2nd Place, Suite 255
Lakewood, CO 80228

Littleton

7780 S. Broadway, Suite 350
Littleton, CO 80122

Lone Tree/Park Meadows

9980 Park Meadows Dr., Suite 101
Lone Tree, CO 80124

Lone Tree/Yosemite

9695 S Yosemite St., Suite 377
Lone Tree, Colorado, 80124

Parker

9403 Crown Crest Blvd., Suite 200
Parker, CO 80138



Neurosurgery One

that kind of shows the physiological effects of obstructive sleep apnea that Dr. Romeo, can you tell the audience a little bit more about what sleep apnea truly is and how it can affect your health?

Speaker 2 ([02:24](#)):

Sure. So as you mentioned obstructive sleep apnea is primarily related to obstruction at typically one of two points, either the back of the nasal airway, the nasal pharynx or the back of the oral airway, the oral pharynx. And that it's oftentimes caused by, it can be multifactorial, but oftentimes caused by relaxation of the nasopharyngeal muscles and the oral pharyngeal muscles that then collapse during sleep and collapse the airway. And what happens is that then patients actually become hypoxemic. They have low oxygen levels because they don't breathe for periods of time or they have shallow breathing, what we call hypopnea for periods of time during night. And so their oxygen levels literally drop. And so you can see, and this diagram depicted one apnea that occurs for 47 seconds. I mean that's a long time. It's almost a minute. And then this is even over a minute 86 segments and the oxygen levels, which should be above 90 at normally can drop well below that. And that results in compensatory measures by the rest of the body, specifically the cardiovascular system, the heart and the blood vessels to try and compensate for that. And that's extra work on those organs which results in can result in long-term damage if it really continues for a long time uncontrolled. And that's chronic high blood pressure also called hypertension. And then if that goes uncontrolled, that leads to real serious complications like heart attacks and strokes.

Speaker 1 ([04:21](#)):

Great. Thank you Dr. Romeo. So this disease as you said, can have some pretty severe impacts on patient's overall health, especially if it's untreated and untreated. Sleep apnea can lead to a whole slew of health conditions, safety risks, things like that as you mentioned. So this slide does a good job highlighting some of those. And when you're stopping breathing multiple times an hour and you have low oxygen there's certainly consequences to that. So how do you see it present in your patients? What do they tell you?

Speaker 2 ([04:52](#)):

Yeah, so how do you end up getting

Speaker 1 ([04:53](#)):

Diagnosed?

Speaker 2 ([04:56](#)):

Yeah. Beyond the medical conditions that are associated with chronic obstructive sleep apnea, there are many just subjective, the patient's experience chronic fatigue diminished productivity. It is, I've read that it's estimated that the biggest economic cost associated with obstructive sleep apnea as is really in the diminished productivity snoring. I've certainly seen patients come in who are interested in the therapy more almost because of their bed partner than they are because it affects them themselves. Accident risk, there's definitely not only accident, increased risk of car accidents, but there's a real mortality risk in general with chronic untreated obstructive sleep apnea.

Speaker 1 ([05:49](#)):



Neurosurgery One

Great. Thank you Dr. Romeo. So obviously there's a lot of risks for patients when they aren't doing anything to treat their sleep apnea. And I think there's a good chance a lot of the people on the call tonight have trialed something. One of the gold standard treatment really for sleep apnea, which is called C P A P, continuous positive airway pressure. And like I said, a lot of people on this call are probably familiar with it, but many of them may not use it consistently. And that's where that risk comes in for those other health conditions, risks in the community, risk in the workplace and just overall poor subjective benefit. They feel bad during the day, they feel tired cause they're not getting good sleep. So can you tell us a little bit more about what C P A P is exactly? How does it work and what does it do?

Speaker 2 ([06:32](#)):

Yeah, so continuous positive air airway pressure is what it stands for and it's literally just pressurized air forced through a mask or through a nasal cannula during night. So it can push through the obstruction and pushes the airway open. And that's how it works. And it is actually very effective for patients who tolerate it. But you can imagine that positive airway pressure and having to wear the mask or the nasal cannula is not comfortable. And so the biggest problem with C P A P is adherence and adherence can be poor. It's estimated to be over under 50% of the patients tolerate it long term. So that's the real issue with this therapy.

Speaker 1 ([07:26](#)):

Great, thanks. Yeah, you're absolutely right. So in my time working for Inspire, working in this job I've heard a lot of complaints from patients about C P A P. What do they tell you? What are the most typical complaints that you hear from patients about c A? Why did they have a hard time using

Speaker 2 ([07:43](#)):

It? Claustrophobia is a pretty common one. Sometimes it's just the math doesn't work the machine is a disturbance to the bed partner. There are a lot of reasons why they might not want to wear it or not, might just not practically speaking. Maybe in an ideal world they could do it, but practically speaking it can be challenging. And I think, you know, really just have to be honest about how well you're tolerating it, how well you're actually wearing it. Because if you're not, then you're not being treated appropriately.

Speaker 1 ([08:27](#)):

Yeah, absolutely. You are absolutely right. So for those patients that have a hard time using their C P A P, there all are some alternate treatment options out there. There's some that have been around for longer than others. The first few are oral appliances or anatomy altering surgery. So for those out here who are not familiar with an oral appliance it's essentially a mouth guard that is worn to pull the jaw forward and open up the airway by maintaining that jaw forward at night anterior and keeping the airway open. So oftentimes I hear of patients that have trialed an oral appliance. Can you tell us anything else about those or if you've seen any patients who have trialed those and what are some of the issues that patients face when they use an oral appliance?

Speaker 2 ([09:11](#)):

Yeah, I think adherence is another problem with these. There are different oral appliances that are now available some that just try to pull the jaw forward, like you mentioned. Those can be uncomfortable.



Neurosurgery One

They can even have problems with wearing in the gums. There are other oral appliances that try to actually expand the maxilla, the upper jaw to that will then open the airway. But those have to be worn very consistently for long periods of time in order for them to work. And then the anatomy altering, altering surgeries are typically invasive that that's the biggest downside within them. And also there is issues with recurrence in certain circumstances where even despite surgery patients continue to have an obstruction of their airway at night.

Speaker 1 ([10:15](#)):

Awesome. Thank you. Yeah, I think you summarized that perfectly. Airway surgery is something that's been around for many, many years. It can be very invasive like you said, and it can be painful for patients and sometimes it doesn't always do the job. So then we get to a newer alternative, which is why a lot of these people are here tonight. And that is inspire. So Inspire is a implanted device that can help treat sleep apnea for patients from inside the body. It's done during an outpatient procedure. And Dr. Romeo, you're one of the local surgeons who place the inspired device during this outpatient procedure. So can you tell the audience in a few words how Inspire works to treat the root cause of sleep apnea?

Speaker 2 ([11:00](#)):

Yeah, so inspire is a nerve stimulator that's placed on the hypoglossal nerve. The hypoglossal nerve is the nerve that can the motor nerve that controls the tongue. And specifically this device is placed on the branches of this nerve that result in tongue protrusion where the tongue is protruded out of the mouth. And it turns out that not only does that open up the oral pharynx, which the oral airway as we talked about, but because of the connections to the nasal pharynx muscles, it actually also opens up the nasal pairing. So it can open up both areas of obstruction just by pulling the tongue forward. And it's done, there's through two incisions, I think we'll talk about this more a little bit later. But basically one incision is where the generator sits in as well as a pressure probe. The pressure probe detects inspiration, so it delivers stimulation time to every time the patient takes a breath inspiration and then relaxes during expiration at night. And then the device as depicted here in the picture on the right the patient has this little remote so they can turn it on before they go to bed and then they'll turn it on off when they wake up in the morning.

Speaker 1 ([12:28](#)):

Great. Yeah. Perfect summary, Dr. Romeo. And that's going to segue nicely into video here. It's going to show the audience exactly how Inspire works, just like you described it so nicely. So patient turns on their device at night with a sleep remote and inside the body, this video's a little bit dated. So this is showing how the system was implanted when we did three incisions, like Dr. Romeo mentioned, we recently got F D a approval for an improved surgical technique that now only requires two incisions. So this breathing sensor down here in the ribcage actually has now moved up and it goes in the same place where that battery is up in the chest. So every time the patient inhales at night the device is able to scent that sense that through the breathing sensor. And then the battery sends a little electrical signal, really mild stimulation to that cuff that's around the nerve that Dr. Romeo mentioned called the hypoglossal nerve that controls the muscles of the tongue and the soft palate. And as you can see here, every time the patient breathes in, it provides that mild stimulation to move the tongue and the tissues



Neurosurgery One

of the airway off of the back of the airway to create an opening so patients can have good airflow and breathe throughout the night. Do you have anything you want to add to that there, Dr. Romeo?

Speaker 2 ([13:40](#)):

No, I think that was a good summary. I again point out that even depicted in that video nicely that not the airway is open both at the level of the tongue, the oral airway as well as the up above that, the nasal airway.

Speaker 1 ([13:55](#)):

Yeah, you're absolutely right. That's a great point. It really does help to fix obstructions at multiple levels of a patient's airway that are often included when patients get obstructive sleep apnea. So now to this next slide here, I'm actually going to put it over to my colleague Brad Launer also on the call, and he's going to talk a little bit of a more about the patient care pathway with Inspire specifically. So Brad, go ahead and take it away.

Speaker 3 ([14:22](#)):

Sure. So one of the most common questions we get is will my insurance cover Inspire? And I do a lot of work with the insurance companies and one of the things that people start to wonder about Inspire is when was it FDA approved and then will my insurance cover it? And the device was improved and the procedure was approved in 2014, but it was not until about 2019 when all the major insurance began to cover Inspire to include United and Aetna, Anthem and Cigna and Humana, and then even Medicare in 2020. So a lot of those approvals were based upon lots and lots of great data, published data from the New England Journal of Medicine and then five year adhere registry data. So now we have broad private insurance coverage, we have Medicare coverage, and we have VA and military coverage as well. So Dr. Romeo have you looked at the data and is the data the type of data that is robust enough for you to get insurance approval for your patients?

Speaker 2 ([15:15](#)):

Yeah, I, we've had no problems thus far getting any kind of insurance approval thus, thus far. So yeah, I think it's pretty broad coverage now.

Speaker 3 ([15:26](#)):

Excellent. And then if we go to the next slide, it is an outpatient procedure. So that's another question we get quite often is do I need to stay overnight in the hospital? How long will I be in the hospital? How long does the procedure take? What is my recovery going to look like? So Dr. Rob, can you just walk us through the procedure and some of the bullet points here on the slide?

Speaker 2 ([15:46](#)):

Sure. Yeah. So as I mentioned before it's done through two incisions. It, it's done under general anesthesia so patients are totally asleep during the procedure. That first incision is just underneath the chin on one side, typically the right side. And that's where the actual hypoglossal nerve is identified and that's where the electrode is placed on the nerve. And then that wire is then tunneled underneath the skin to the second incision where the generator battery actually sits, as well as a pressure probe that is



Neurosurgery One

placed in the intercostal space in between the ribs where that is enables it to detect inspiration. And then the two pressure probe in the electrode are connected to the generator which sits in that pocket. And so that the whole surgery takes three hours three to four hours or so. And then the patient will spend some time in recovery and then they'll go home the same day and then usually afterward they follow up with me in a couple weeks just to make sure the incisions are healing well and to get their sutures out. And then again, usually at about a month to actually turn the device on and for the first time.

Speaker 3 ([17:17](#)):

Thank you for that. Yeah, so you're right. So you just segued into what happens about 30 days and so about 30 days, and we'll look at the next slide. There is an activation, and I think this has a video with it, but basically I'll walk through the video quickly, but at activation either Dr. Romeo or the sleep doctor will activate the device. We will find a threshold for the patient where the tongue moves just gently enough to open up the airway. So it's a mild stimulation that results in movement of the tongue, but oftentimes patients don't really feel anything but the movement because it is a motor nerve. And then that's also the time where we hand out the remote to the patient and then let the patient go home and self titrate. So can you talk a little bit about what you've seen at the activation appointment and some of the common takeaways for the patients?

Speaker 2 ([18:06](#)):

Yeah, I think we do find usually the level at which it can be, I think this device, if you turn it up enough it will be uncomfortable not uncomfortable in terms of pain with stimulation. Like Brad mentioned, it is a motor nerve, so you don't really feel the stimulation, but if you pull the tongue forward enough with a nut force that can be uncomfortable. So we find a level at which you're uncomfortable and then we go many levels below that and we find a level at which you're very well comfortable, but still getting good tongue protrusion. And that's where we start you. And then we slowly want to have you work up, maybe increase the amplitude of the stimulation maybe once a week for over the course of several weeks until you get to what we consider to be the maximum tolerated amplitude which we hope is also the maximum therapeutic value of the device. And at that point then we want to try and repeat a sleep study to confirm that we're actually getting the benefit that we hope to be getting.

Speaker 1 ([19:21](#)):

And Dr. Romeo, this is Aaron again. Why can you tell patients why we typically wait 30 days before we turn the device on? Why can't patients go home the night after they have the surgery and use their therapy?

Speaker 2 ([19:34](#)):

Yeah, good question. So I think multiple reasons mean we want the device to sort of scar in a little bit. We don't want any pain any incisional pain I should say, to confound the effects of the stimulation. And so by 30 days most all the incisional pain has gone away. And so I think that's a good time to go ahead and try turning the device on. And I think at that point also the risk of infection has gone down significantly. And so we know that you're kind of a little bit out of the window of that and so we can focus on getting, finding the therapeutic level.



Neurosurgery One

Speaker 1 ([20:24](#)):

Great. Thank you Dr. Romeo.

Speaker 3 ([20:26](#)):

And then Dr. Romeo I also wanted to tell you that we've had a couple questions and to everybody in the audience, if you want to go ahead and hover over the q and a icon, if you have any questions, go ahead and ask those questions now. We'll make sure we get 'em answered. But the first question was what is the battery life? And the battery life is at default settings about 11 years. So there's some variability to that, but roughly it's an 11 year battery depending on how long it gets used. But an average usage about six to seven hours a night a battery should last 11 years. And then the second question we got is can I have a pacing device, a pacemaker, can I also get the Inspire implant? And the answer is yes the Inspire implant is implanted on the right side of the chest.

Speaker 3 ([21:08](#)):

Your pacing device is typically implanted on the left side of the chest. There is no crosstalk concerns from the two devices. And so yes, we have many, many, many patients that have both a pacing device and an Inspire hypoglossal nerve stimulator. So again, if you have any other questions, please hover over the q and A icon and go ahead and type them in. Now the next slide we're looking at is the actual reduction in your apnea hypopnea index. So if for those of you that have sleep studies the measure of obstructive sleep apnea is typically your AHI measurement, which basically looks at how many times per hour you either stop, bleed, stop breathing, or partially are occluded. And so if you look at the published data, the reduction in a HI before inspire was 29.3 in the New England Journal of Medicine after Inspire was 6.2, which yielded about a 79% reduction. So Dr. Romeo, can you speak to that type of reduction in how that can help patients?

Speaker 2 ([22:05](#)):

Yeah, I mean it's a substantial reduction in the ahi. The AHI is pretty well correlated with all of the adverse consequences that we talked about at the beginning associated with obstructive sleep apnea. And it's somewhat linearly correlated. So the higher the ahi, the the risk of mortality, the worse the risk of the cardiovascular co complications typically the worst the patients feel in terms of fatigue, daytime sleepiness those kind of things. So a dramatic 79% reduction in the AHI can really reduce the risk of those sequelae of obstructive CP in a real way.

Speaker 3 ([23:02](#)):

Excellent. Thanks so much. And then all of a sudden we're starting to get a lot of questions. So I'm going to try and get through a few of these. If I have VA insurance, who do I need to contact to go through it through with this? So the VA actually has sleep physicians on staff and ENT surgeons on staff. So you're going to need a referral from the sleep physician to have a consultation with the ENT surgeon but it is VA approved and we can get the device implanted at the local VAs. The next question is 6.2, if you get a reduction to 6.2 what does that mean to the patient? And basically we always shoot for a outcome in single digits. So if you can get AHI down in the single digits, and most of your sleep doctors will say that you're well controlled zero to five means that you have very minimal sleep apnea. It doesn't even register. So if you're at six you have a very, very good outcome. And most sleep doctors can will say that if you get into that single digits, you will not need any additional therapies.



Neurosurgery One

Speaker 2 ([24:04](#)):

Yeah, just to reiterate, I think under five is basically normal. So mild obstructive sleep starts at HI five, and I would definitely work with your sleep doctors, work with your primary care doctors about what they think is optimal goal. I don't know that every patient has the same optimal goal. So I think that it could be patient dependent based on whatever your medical history is. So I would definitely work with your sleep doctors and your primary care doctors on determining what they think is your optimal goal. But certainly as Brad mentioned, single D is very good generally speaking. So if we can do that, if we can achieve that, then that's a success.

Speaker 3 ([24:53](#)):

All right. Then we'll go on to the next slide. And so apnea and snoring are correlated and when you treat the apnea, oftentimes your snoring will reduce that kind of in correlation. So you'll see an 88% reduction that is the published data in terms of bed partner reported snoring. So Dr. Romi, can you weigh in on why anatomically that you'll see reduction in snoring when you treat the apnea?

Speaker 2 ([25:25](#)):

Yeah, so I mean, snoring is in large part related to having a constricted airway air passing through a constricted airway resulting in the noise. So if you can open up that airway, then you will reduce the snoring and that sometimes that's a major reason why patients pursue this therapy.

Speaker 3 ([25:50](#)):

All right. And the next slide, and then one of the questions we have is what is the success rate of inspire? And I think when we look at the published data, what is the patient satisfaction rate? And that's basically what percentage of the patients would raise their hand and say, I'd like to do this therapy again. And 94% in the adhere registry of you're looking at about 3000 patients that have weighed in would say, I would do this therapy again. I would get the procedure done again. So 94% is an incredible patient satisfaction rate. And then if you look at the actual usage in all those patients, that averages about 5.7 hours a night. And so when you compare that to what is considered a success for C P A P usage, we look at about four point really 4.0 hours per night is what the gold standard is for C P A P to assess whether or not patient usage is where it needs to be. And the usage for inspire averages almost six hours per night.

Speaker 1 ([26:50](#)):

So Dr. Romeo, question for you here is, from your personal experience with your patients, do they inspire and how does the usage compare with other treatments that you've seen patients use for sleep apnea? Is this good? How does it compare?

Speaker 2 ([27:05](#)):

Yeah, I think so far the adherence has been very good with my patients. And compared to speaking, I mean, it's kind of a little bit unfair because patients who pursue this therapy have already generally not tolerated C P A P and sometimes many other therapies but that's the main one that they've tried beforehand. And so they've already not really been able to tolerate that one, and now they're trying this. And generally the adherence that I've seen so far has been very good. So I think that certainly in a



Neurosurgery One

patient population that already doesn't tolerate want that c a their tolerant and adherence to this has been much better.

Speaker 3 ([27:53](#)):

Excellent. And then I know a lot of people on the call are wondering, do I meet criteria? Do I meet inclusion criteria to actually consult with you, Dr. Romeo can you run through the criteria to get, inspire the criteria that's been set forth by both the fda, Medicare and all commercial insurers?

Speaker 2 ([28:09](#)):

Yeah, it's a pretty specific protocol and pretty specific criteria. So criteria are moderate to severe circuit sleep apnea as determined by their ahi, so AHI of greater than or equal to 15 bmi, body mass index of under 35. So that that's the not significantly overweight component. And then they have to pass the airway exam. So the airway exam is a exam that we do under anesthesia in the operating room where we place a small flexible scope in the back of the nose and we actually watch your airway while you sleep, fall asleep through several breathing cycles to ensure that you have the right anatomy that would respond to this type of therapy.

Speaker 3 ([29:05](#)):

Perfect. Perfect. And then when people come to see you, Dr. Romeo, what do you ask them to bring? I mean, if they've had a sleep study do you ask them to try and get a copy of that sleep study and bring it with you? Yeah, so you can assess their AHI and their obstructive sleep apnea severity.

Speaker 2 ([29:21](#)):

Yeah, very important that we have a copy of the sleep study. You typically, my office will try and track that down and have that before you even come, but it's always a good idea to bring it with you if you have it, cause that's very important.

Speaker 3 ([29:36](#)):

And then the second bullet point here, unable to get consistent benefit from C P A P. As you know, Dr. Romeo, it's a rare day that patients can't get benefit from C P A P if they use it and crank it up high enough. But more oftentimes it's the patients that are just purely intolerant to C P A P. So when you document your intolerance can you give us an idea of what some of the most common reasons for it being not being able to use C P A P R?

Speaker 2 ([30:02](#)):

Yeah claustrophobia is one, just the uncomfortable just not because it's uncomfortable, they can't wear it and they just don't. So that alone is not tolerating the therapy and that qualifies. So I think it's a matter of just being honest again with yourself about how often are you actually wearing it and are you not wearing it because it's uncomfortable, it's loud, whatever. And if it's not and you're not wearing it, then that means that you're not tolerating it and that you would potentially qualify for another type of therapy if that's what you're interested in.

Speaker 1 ([30:46](#)):



Neurosurgery One

And Dr. Romeo, again, to your point earlier tonight if they're not wearing it, patients are at risk for a lot of other health conditions. So it's important to do something to treat your sleep apnea.

Speaker 2 ([30:56](#)):

Yeah, absolutely. As we mentioned, AHI is definitely associated with all these health consequences that we talked about before. So if you have a high AHI and you're not tolerating your C P A P, it is, I think it's very imperative. And I think you're also talk to your primary care doctor and your sleep doctor about these issues, but I think it's certainly important to have it treated.

Speaker 1 ([31:25](#)):

Great. Thanks Dr. Romeo. So before we jump into q and a I'm just going to have this up here for a second. So this is the best way to get in contact with Dr. Romeo. So if you would like to set up time to come see him for a consult to talk about your sleep apnea if Inspire is right for you, this is the best way to contact him. So I'll come back to this slide here in a second. Just note, he has offices in Littleton and Lonetree where he can see you. So whatever's closer to home he can see you at either of those locations with this phone number here that's on the screen. Just want to give you guys a little bit of context. So this phone number will actually link up to something that's called the Advisor Care program. And essentially this is something that Inspire has partnered with many of the clinics in the local area to offer this service.

Speaker 1 ([32:08](#)):

And essentially what it is, is you'll call this phone number, somebody from the Advisor Care Pro program will answer the phone and they will ask you some basic questions about your experience with sleep apnea and C P A P kind of where you're at in that care continuum. Have you tried C P A P, had a sleep study recently, and they'll just get some basic information from you so that they can better equip Dr. Romeo's office with the necessary information before you come in for a consult. They'll also answer any questions that you have. So if you have any tonight that don't get answered, feel free to jot 'em down and somebody on the other line of this phone number will be able to answer 'em for you. And then they'll take time to transfer you over to the scheduler at Dr. Romeo's office. She will answer the phone and then they will hand you off to that scheduler in order to make an appointment and to they'll ensure that that appointment actually gets made. So it's a really great resource. So just so you know, that's what will happen if you call this phone number on the screen here and I'm going to leave it up here so everybody can write down the phone number. You can also visit their website, neurosurgery one.com, and you can search for Inspire or you can write down this url. They have a lot of good information on their website as well about above the therapy. So I'm going to go ahead here actually and stop the recording. And I'm going to go into.