The advantages of the bimodal douche Rinoway®:

- It can be used many times, in comparison to the “throw-away” sachet available on the market.
- It can be used for washings “to pressure” or “to fall”, for a more delicate washing.
- The nozzle atomizer allows to use the saline Rinoway® Std and Rinoway® 3% even with the small children.
- It does not need electrical power!
- It allows irrigations of 250 ml.
- It can be sterilized in the microwave.
- Made in Italy.

Each Rinoway® sachet contains:

1-Sodium Chloride: it reduces the adhesion of the bacteria to the mucous nasal and it has a decongestant effect.
2-Sodium Bicarbonate: it has a buffer function that maintains the pH of the solution among 7 and 9 that it guarantees the maximum of the ciliary motility (the cilia are present on cells of the mucous nasal and they continually stir to expel the secretions).
3-Hyaluronic Acid Sodium Salt: it favors the recovery of possible micro-lesions, for example in the posthumous of a surgical intervention or in case of extreme dehydration. This substance increaing the hydrates the solution by fixing the water.
4-Pantenol: known as Provitamin B5, substance epithelializing that facilitates the recovery of the lesions of the nasal mucous. It owns emollients and protective properties.

Rinoway® Std
Isotonic salts 0,9%

Rinoway® 3%
Hypertonic salts 3%

INNOVATIVE FORMULA:
EACH SACHET CONTAINS
Sodium Chloride, Bicarbonate,
Hyaluronic Acid Sodium Salt
and Pantenol (Vitamin B5)

bimodal douche and isotonic or hypertonic salts for nasal irrigation

Nasal Douche

Isotonic Salts 0,9%

Hypertonic Salts 3%

practical, effective, sustainable

Used for the therapy of the illnesses of the high respiratory ways, rhinitis and sinusitis particularly.
They provide the irrigation of the nasal cavity with saline solutions to the purpose of removing mucus, crusts, polluting atmospheric, virus, bacteria and allergens.
NASAL IRRIGATION:

When to make it:
- in the acute or chronic rhinosinusitis,
- in allergic rhinitis,
- in atrophic rhinitis and drying,
- in patients who continue to clear their throat,
- in patients who snore,
- in nasal polyposis,
- rhinitis in pregnancy,
- after nose surgery.

What to expect:
- breathing better,
- a reduction of symptoms related to a decrease in discomfort due to exposure to allergens,
- a reduced need to use local and systemic drugs used to fight disorders listed above,
- a faster post-operative recovery in case of surgeries on the nose.

Irrigation, aerosols or nebulization?
Three methods in comparison:

Three different irrigation techniques: nasal spray, spray with Rinoflow and nasal douche. Saline solution with technetium 99m. Assessment of the distribution of radioactivity.

Comparison of the radioactivity in the frontal sinuses using three different methods of irrigation.

Comparison of the radioactivity in the maxillary sinuses using three different methods of irrigation.

**WITH THE NASAL DOUCHE THERE IS A BETTER DISTRIBUTION OF SALINE SOLUTION WITH BOTH FRONTAL AND MAXILLARY SINUSES.**

NASAL IRRIGATION:

when Isotonic (0,9%)
- for the daily nasal hygiene,
- in the case of perennial allergic rhinitis,
- in the case of acute sinusitis,
- in case of common cold and snoring.

when Hypertonic (3%)
- chronic sinusitis,
- seasonal allergic rhinitis,
- postoperative nose or sinus,
- for the treatment and prevention of otitis.

The advantages of a hypertonic solution 3%:
- It has a decongestant effect,
- It reconditions more effectively the movement of cilia found on cells of the nasal mucosa and it facilitates the constant removal of nasal secretions,
- the salt residue that remains on the mucosa continues to draw water from the underlying tissues and it maintains the fluidity of secretions,
- It promotes the secretion of mucin from the nasal cells, substances present in mucus that provide protective activity towards bacteria and viruses,
- IT is preferred in acute and chronic rhinosinusitis and in those conditions characterized by a prolonged stagnation of nasal secretions.

Nasal irrigation in children: adherence and tolerance:

OBJECTIVE: To determine adherence to therapy and tolerance to saline nasal irrigation in children.

METHODS: To 61 children diagnosed with nasal congestion and runny nose, sinusitis, chronic rhinitis or allergic rhinitis was prescribed a course of treatment with nasal irrigation.

RESULTS: The 93% of children initially thought nasal saline irrigation would be helpful, but only 28% believed that their children would have tolerated the treatment. The 93% of children have made an attempt to carry out nasal saline irrigation and 86% were able to tolerate the treatment. 84% of parents whose children performed the saline irrigation observed an improvement in symptoms. The 77% of children who have tried the nasal saline irrigation continue to use this treatment to relieve symptoms. The 93% reported an improvement in overall health attributing this to their child’s treatment.

CONCLUSIONS: perhaps the greatest obstacle to the recommendation making saline nasal irrigation in children is the belief by parents and doctors that children do not tolerate them.

**MOST CHILDREN, REGARDLESS OF AGE, TOLERATE THE SALINE NASAL IRRIGATION.**


**NASAL IRRIGATION:**

**When to make it:**
- in the acute or chronic rhinosinusitis,
- in allergic rhinitis,
- in nasal polyposis,
- in patients who continue to clear his throat,
- in subjects with plugged ears,
- in nasal polyposis,
- rhinitis in pregnancy,
- after nose surgery.

**What to expect:**
- breathing better,
- a reduction of symptoms related to a decrease in discomfort due to exposure to allergens,
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**NASAL IRRIGATION:**

**when Isotonic (0,9%)**
- for the daily nasal hygiene,
- in the case of perennial allergic rhinitis,
- in the acute sinusitis,
- in the case of acute sinusitis,
- in case of common cold or sneezing,
- for the treatment and prevention of otitis.

**The advantages of a hypertonic solution 3%:**
- It has a decongestant effect,
- It reconditions more effectively the movement of cilia found on cells of the nasal mucosa and it facilitates the constant removal of nasal secretions,
- the salt residue that remains on the mucosa continues to draw water from the underlying tissues and it maintains the fluidity of secretions

**NASAL IRRIGATION:**

**when Hypertonic (3%)**
- chronic sinusitis,
- seasonal allergic rhinitis,
- postoperative nose or sinus,
- for the treatment and prevention of otitis.

**Nasal irrigation in children: adherence and tolerance:**

**Objective:** To determine adherence to therapy and tolerance to saline nasal irrigation in children.

**Methods:** To 61 children diagnosed with nasal congestion and runny nose, sinusitis, chronic rhinitis or allergic rhinitis was prescribed a course of treatment with nasal irrigation.

**Results:** The 73% of parents initially thought nasal saline irrigation would be helpful, but only 28% believed that their children would have tolerated the treatment. The 93% of children have made an attempt to carry out nasal saline irrigation and 86% were able to tolerate the treatment. 84% of parents whose children performed the saline irrigation observed an improvement in symptoms. The 77% of children who have tried the nasal saline irrigation continue to use this treatment to relieve symptoms. The 93% reported an improvement in overall health attributing this to their child’s treatment.

**Conclusions:** perhaps the greatest obstacle to the recommendation making saline nasal irrigation in children is the belief by parents and doctors that children do not tolerate them.


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