ENT

IMPORTANT ADVANCES IN EAR, NOSE AND THROAT SURGERY

New surgical techniques involving atraumatic interventions mean less bleeding, less pain, shorter surgeries and faster postoperative healing.

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As Hippocrates said millennia ago, the most important contribution that medicine has made to humanity is relief from pain, disease and fear. Nonetheless, despite the amazing developments in modern medicine, patients often postpone necessary surgery, mainly due to the fear of postoperative pain and discomfort.

For this reason, all surgical specialties today seek to achieve the same outstanding therapeutic effects for their patients with minimally invasive surgery (MIS). The advantage of MIS over classic open-surgery methods is that the target organ and the surrounding healthy tissue are affected to the least extent possible. Head and neck surgery in particular has seen great progress recently, thanks to the application of modern endoscopic techniques.

Requiring no external incisions, endoscopic surgery of the nose and paranasal sinuses represents a much more desirable treatment for diseases and/or conditions such as sinusitis (chronic or acute), nasal polyps, benign (and even some malignant) tumors, and cases of deviated nasal septum. Using magnification and illumination in association with powered surgical instruments and anatomical navigation systems, the surgeon has the ability to treat patients more effectively and with less risk of complications. This is extremely important, especially in surgery on children. In cases of adenoidectomy and tonsillectomy, this approach also ensures full removal of the tissue in question. Other common ENT problems in children that can be treated with the new endoscopic techniques are choanal atresia and chronic rhinosinusitis.

Transoral endoscopic laser surgery in the throat area has radically changed the treatment of benign diseases, as well as early-stage cancers. This new technique has two main advantages for the patient: it is an alternative to a tracheostomy, and it can be repeated in cases of local recurrence, particularly in patients with glottic cancer.

In recent years, the use of three-dimensional cameras in transoral robotic surgery in otorhinolaryngology has enabled a more precise estimation of the anatomical structure and the depth of the surgical site. In addition, wristed instruments and robotic surgery offer better access to hidden points of the upper airway. Such surgery is now recommended for benign diseases such as obstructive sleep apnea and for the early stages of pharynx and larynx cancer. It has also begun to play a very important role in exploring head and neck cancer with unknown primary sites. The major advantage of robotic surgery for the patient is that it involves less postoperative edema, pain, bleeding or difficulty in swallowing.

I would highly recommend these new surgical techniques involving atraumatic interventions, because they mean less bleeding, less pain, shorter surgeries and faster postoperative healing for the patient.

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