

Editorial

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Although the standard technique for adenoidectomy is curettage and this has remained prevalent as judged from recent surveys, the situation is evolving. This technique leaves a lot to be desired, especially in terms of the precision of tissue removal.¹ Alternatives include suction diathermy, coblation or powered endoscopic techniques, sometimes performed endoscopically rather than blindly or via a mirror. These approaches have advantages over traditional methods. This issue contains an article, from New Delhi,² on the topic of adenoidectomy technique, in which endoscopic-assisted powered adenoidectomy is compared with conventional curettage. The endoscopic method used a curved microdebrider blade inserted through the mouth, with visualisation endoscopically through the nose. The benefits of greater precision, less pain, better teaching and more complete excision (especially in the awkward areas around the posterior choana) were only slightly offset by more bleeding in the microdebrider group. In the paper from Pune, India,³ the comparison was similar, except that ablation was achieved via coblation rather than a microdebrider. The new technique gave a more complete excision, less pain and less bleeding, at the expense of greater time spent on the surgery. Times are changing and the days of curettage seem to be numbered.

The anxiety levels experienced by surgeons who perform adenotonsillectomy is a topic that is not often discussed, and is studied even less. The paper from Turkey⁴ examines European paediatric ENT surgeons, and finds fair levels of anxiety, particularly with respect to fear of bleeding. This lessens with experience. There is room for more studies of this type.

Medical student education in otorhinolaryngology is close to the heart of practising surgeons, as this is the seed corn for future recruitment and enthusiasm in the discipline, and so is vital for ongoing service delivery. With many medical schools in the UK and abroad paring down the ENT content of the undergraduate curriculum, often to such an extent that this specialty is often an ‘option’ rather than part of the core curriculum,⁵ the question arises as to how we overcome this threat to standards and to recruitment. Medical students need to have a positive view of the specialty, and of what it offers to work–life balance, family finances and prospects for career progression, and previous *Journal of Laryngology & Otology* papers have covered this topic.⁶ The paper by Spiers and colleagues, from St George’s Hospital in London,⁷ describes the effects of a 1-day ENT course for students (provided at minimal cost) on participants’ perception of the specialty and what it offers, as well as specific tracheostomy skills. The results were encouraging on all parameters, and this could provide a generally applicable model to offset the inadequacies of the standard undergraduate curriculum in representing the specialty in a favourable (and realistic) light.

References

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