

ENDOSCOPIC EAR SURGERY

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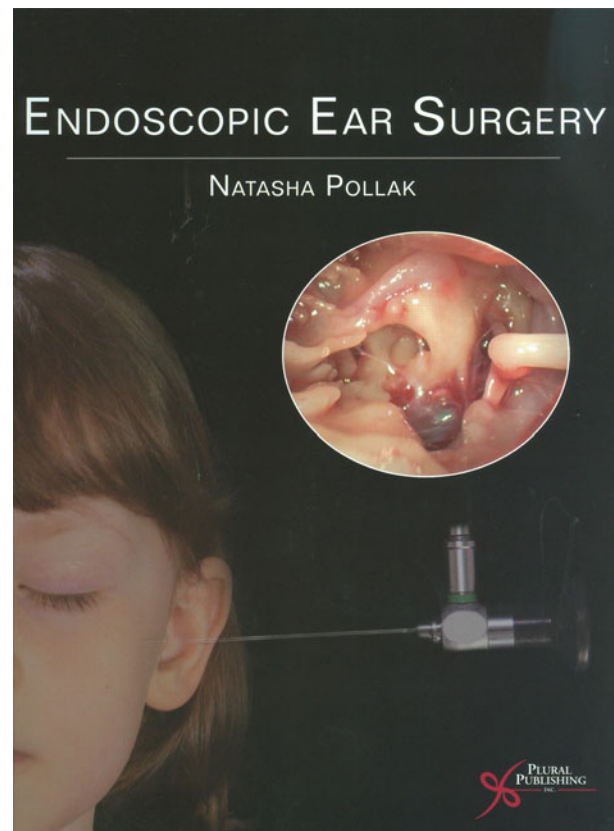
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The fish-eye view afforded by modern endoscopes undoubtedly makes for marvellous visualisation of anatomy in the depths of a dry but diseased ear. When coupled to digital, single-lens reflex cameras, with real-time review of the images obtained, photography of the ear becomes a real pleasure (as evident in this book). The challenge, for those of us who recall earlier times, is to digitise all the 35 mm slides we once produced. The illustrations early in this book do indeed show the superiority of the view obtained with the endoscope, when compared with that of the binocular operating microscope.

Inspection and documentation none would dispute then. The ability to see around corners should be an obvious advantage in identification of disease. The debate has, rather, been whether the endoscope actually facilitates dealing with what it has so nicely revealed. That doubt at first seems counterintuitive, having accepted the quality of the view. However, the slimmest endoscope still takes up valuable space in the external canal, and all authors here agree that the widest, 4 mm endoscope is the safest and most effective. Again, all authors here suggest use of the non-dominant hand to hold the endoscope, rather than using a suspension device, so we have lost the advantage of bimanual work. Furthermore, any blood, pus or condensation on the lens requires withdrawal and cleaning, so suction must alternate with surgical manipulation. The tip can get damagingly hot as well, let us recall! The art of this book is to (very convincingly) demonstrate applications and indications for endoscopic ear surgery, and to consider future developments.

The editor of this international multi-authorship publication is an assistant professor in Philadelphia. We seem to glimpse her many times in the description of the operating theatre set-up, but concealed by a gown, face mask and a very stylish pink scrub hat. It was refreshing to read that the acknowledgements express gratitude, not just to the high and mighty, but also to the colleague who helped with child care during the editorial work!

The content is of course superbly illustrated and the layout does make ‘cherry picking’ one’s favourite



topics easy. I found the description of the instrumentation and operating theatre set-up thought provoking and, as a result, I detect the ‘wind of change’ locally. Fat graft tympanoplasty I have always found unconvincing, but even quite sizeable perforations are closed in chapter 4, I must concede. We will forgive one inverted image there! Three chapters on chronic suppurative otitis media will surely have the greatest relevance for our readers, and there is excellent coverage of retraction pockets, sinus tympani cholesteatoma and the ‘second-look’ procedure managed endoscopically. Later chapters range from office-based minor surgery to posterior fossa surgery. The latter is a lengthy chapter and the photography is superbly reproduced. Cochlear endoscopy I thought must be a very recent development, but the opening sentence of the chapter tells us it ‘has been performed for over two decades’ either as an adjunct to implantation or drug delivery. How about a camera chip on the tip of your cochlear implant electrode to guide your way towards the apex? The final brief chapter hesitates to predict future developments, but

we do learn of 'FEES', which is now nothing to do with swallowing and is instead defined as functional endoscopic ear surgery, which will surely confuse many a therapist of dysphagia!

This is an excellent book, tackling something a bit 'different' and which should influence clinical practice.

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