

The JLO Travelling Fellowship 1998 Reports

The JLO awarded two Travelling Fellowships in 1998 to Mr Simon Carney and Mr V. Nandapalan. We are delighted to publish both their reports.

Reconstruction and Facial Plastic Surgery in New York

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This is the fourth year that the *JLO* have supported a Travelling Fellowship and I was honoured to be offered one of the two awards for 1998. The aim of my fellowship was to travel to New York and study under two world-famous surgeons who work in areas of ENT that overlap with the workload of our plastic surgery colleagues; micro-vascular reconstruction and facial plastic surgery.

Although it is possible to gain experience in both these fields in the UK, the nature of the American healthcare system and the reputation of both these surgeons have given them relatively unique workload patterns. This allowed me to learn a lot from them in a relatively short space of time.

Head and neck reconstruction at Mount Sinai hospital

Dr Mark Urken (Figure 1) is well known as one of the present-day pioneers of Head and Neck reconstruction and has built up an extensive experience in what is still a relatively short professional career (Urken *et al.*, 1994b; Hirigoyen *et al.*, 1995; Urken *et al.*, 1998). In addition to being Professor and Chairman of one of New York's largest and most highly regarded ENT departments, he still manages to operate up to four full days per week and perform over one hundred free flaps per year. Recent work from Mount Sinai (Figure 2) has highlighted the advantages of utilizing sensate free flaps to minimize long-term post-operative functional morbidity (Urken *et al.*, 1994a; Urken, 1995) and Dr Urken's ingenious reconstructions (Blackwell *et al.*, 1997), including the incorporation of cartilage into radial forearm flaps for hemi-laryngopharyngeal reconstruction (Urken *et al.*, 1997) has meant that there is never a shortage of overseas visitors wanting to watch him operate. Despite the endless stream of visitors, Dr Urken undertook considerable effort to make me feel like one of the Department for the time I was there. The minor disadvantage of this was my having to stay constantly alert to avoid being caught out by his very witty and sharp sense of humour!

The Department has a well-organized post-graduate teaching structure with weekly radiology meetings, pathology and tumour boards in addition to regular tutorials for

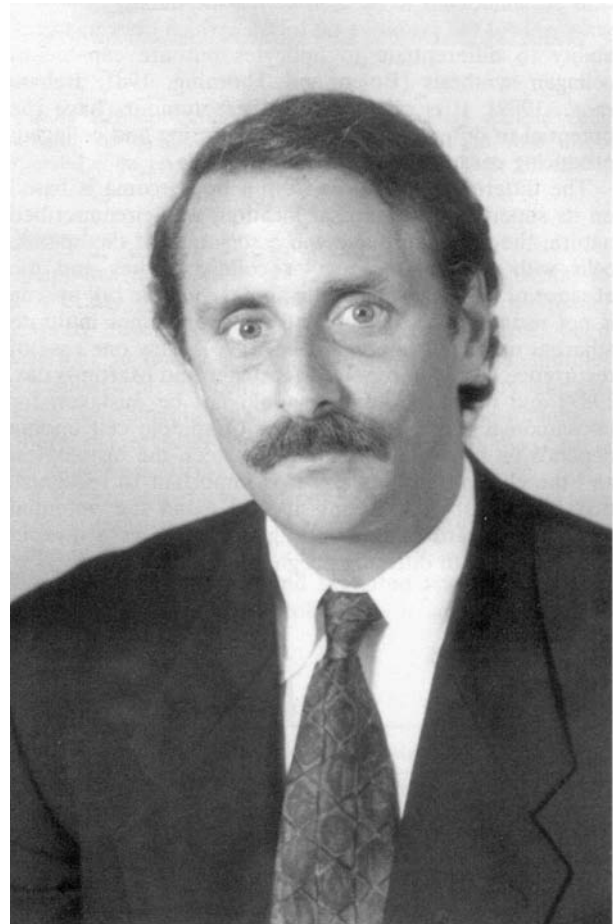


FIG. 1
Dr Mark L. Urken



FIG. 2

Mount Sinai Hospital, located on the Upper East Side of New York.

the residents. It was reassuring to see how time was made for such a comprehensive teaching programme despite the high clinical workload.

In the three weeks I spent at Mount Sinai, I saw seven free-flaps, three regional flaps and a total of 14 major cases (Table I). The patients were from all parts of the USA and several from abroad. The tertiary referral nature of these cases meant that many individuals had large defacing tumours, providing a huge challenge for any surgeon. There was often a short period of time between the patient's arrival on the ward and their surgery, providing the residents with a heavy workload in organizing scans and pre-operative investigations. Despite the pace of things, everything always seemed to be in place on the day of surgery.

I travelled out from the UK with a lot of preconceptions, expecting operating rooms to be full of high-tech equipment but I was reassured to see that surgery of such high quality was being performed with little extra hardware to that commonly used at home. There were few exceptions however: I was impressed with the use of high-velocity pulsed suction irrigators to clean the wound prior to closure and the electric dermatomes which provided beautiful split-skin and dermal grafts with minimal morbidity to the donor sites.

I was also extremely impressed with the support given from the pathology service. Frozen sections were often taken and the results would return extremely rapidly. Dr M. Brandwein, Mount Sinai's dedicated ENT pathologist

TABLE I
CASES SEEN AT MOUNT SINAI

- Total laryngectomy, modified radical and neck dissection and pectoralis major flap.
- Partial laryngectomy (2).
- Partial laryngectomy and pectoralis major flap.
- Total parotidectomy and rectus abdominis free tissue transfer.
- Mandibular resection and fibula free tissue transfer with primary osteointegration (3).
- Hemi-laryngectomy, temporo-parietal free tissue transfer and rib graft.
- Selective neck dissection, mandibular and soft-tissue reconstruction, with pectoralis major flap, scapular free tissue transfer and primary osteo-integration.
- Extended maxillectomy with iliac crest free tissue transfer and zygomatic bone graft.
- Total thyroidectomy (2).
- Superficial parotidectomy.
- Other cases (endoscopy, micro-laryngoscopy, tracheostomy etc.) (8).



FIG. 3

Dr Norman J. Pastorek

would visit the theatre in scrubs to see both frozen-sections and the formal specimen as they were being removed. This must give a major advantage to both surgeon and pathologist when discussing cases intra- and post-operatively (Brandwein *et al.*, 1997) and is not something that would be impossible for UK departments to attempt to duplicate. Although UK trainees may often think they work hard, the short period spent at Mount Sinai left me with the greatest respect for the US residents. They would arrive in the hospital at between 04.45 am (for year one residents) and 05.30 am (chief residents and fellow) to prepare for the 06.00 am daily ward round, after which would follow a working day which would often finish at midnight. Their friendship and sense of humour never waned despite their hours of work, a fact which considerably enhanced the enjoyment of my visit.

Facial plastic surgery at Cornell University Medical Centre

Dr Norman Pastorek (Figure 3) is well known to most surgeons with an interest in facial plastic surgery (Pastorek, 1972; Pastorek, 1984; Pastorek, 1996). He is a regular member of teaching faculties on rhinoplasty in the USA and is one of the most respected facial plastic surgeons in the world. He has gained a place in 'Who's Who' as a result. Although Dr Pastorek operates at Cornell University and has other overseas post-graduate students attached to the University, I was privileged to be the first visiting surgeon he has allowed to spend time with him in his rooms and private operating suite. For me, the whole experience emphasized the need for meticulous

attention to detail for a surgeon to obtain optimal results and a successful facial plastics practice. Whilst I was with him, I saw Dr Pastorek performing deep-plane face-lifts, rhinoplasty, blepharoplasty, dermabrasion and several other laser-assisted cosmetic facial procedures. The deep-plane rhytidectomy is still only performed by a minority of US surgeons, largely because of the fear of facial nerve damage but the results are certainly superior in my view and I was impressed by the minimal soft tissue swelling present, even on the first post-operative day. I was left with the feeling that, although optimal surgical technique has a major part to play, Dr Pastorek's insistence on the avoidance of aspirin, NSAIDs and Vitamin E for two weeks pre-operatively and no alcohol in the peri-operative period also contributed to the lack of oedema and bruising. The use of the laser on the face to remove rhytids and superficial lesions provided excellent results and I also took home many little technical tips about wound incisions, achieving haemostasis and closure which I will be able to apply to my wider ENT practice.

In addition to observing him consult and operate, he kindly lent me several of his personal teaching videos to watch in my own time. As well as the procedures I had seen 'live', these also covered areas of rhinoplasty that I did not see – owing to the unpredictable workload of Dr Pastorek's practice (the rich and famous who need tip grafts come when it is convenient for them, not when it is convenient for a visitor from overseas!).

In addition to being a technical wizard, his manner with patients and method of consultation left me feeling that there were few other surgeons who could have taught me so much in such a short period of time. His kindness and hospitality left me feeling very humble and grateful at the end of my visit and I was extremely sorry that problems with an obstructive landlady meant I had to miss two days operating with him. Following an introduction from his Cornell colleague, I was also fortunate to be able to watch Dr Vijay Anand performing image-guided endoscopic sinus surgery on some of the days that Dr Pastorek was not in theatre. Dr Anand has designed several FESS instruments I would love to get my hands on and I wish we had collagen gel for routine use in our post-operative cavities! This extra rhinological input proved to be a valuable bonus to my trip.

Living in New York

Spending a long period of time in New York (with the help of sociable interns, resident and fellows) helped me to admire the city and get to know its districts and 'villages'. The culinary and cultural experiences New York offers further enhanced my stay. I would recommend any trainee

who is working in the USA for more than a few weeks to consider investing in personal surgical accessories such as loupes as you can save a lot of money when compared to UK prices.

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