

Otolaryngology Department, University of Rochester Medical Center, Rochester, New York, USA, 2007

This report summarises my visit to the otolaryngology (ORL) department of the University of Rochester Medical Center in Rochester, New York, USA, from 4 September 2007 to 29 November 2007.

Since attending the British Academic Conference in Otolaryngology and the annual meeting of the American Academy of Otolaryngology in Toronto (July and September 2006, respectively), it had been my desire to observe how otorhinolaryngology was practised in developed countries. I wanted the opportunity to observe the whole span of ORL practice.

The JLO travelling fellowship facilitated my visit to the United States, augmented by funding from the Obafemi Awolowo University and the Carnegie Corporation.

University of Rochester Medical Center, Rochester

The Strong Memorial Hospital (also known as the University of Rochester Medical Center in Rochester) was opened in 1926 as part of a model medical school. As a university hospital, it is a centre for clinical research and teaching. It has 739 beds and serves a region of 1.7 million people. With a total of 6400 employees, it is a leading provider of tertiary and quaternary health care in upstate New York. In the year preceding my visit, the hospital had a total of 38 290 admissions and was visited by a total of 1.2 million out-patients.

The ORL department has been in existence since the inception of the hospital and has trained many US ORL surgeons. In 2006, the department was rated among the best US ORL departments by the American Academy of Otolaryngology Head and Neck Surgeons. At the time of my visit, a total of 12 ORL consultants covered the various ORL subspecialties, such as otology and neurotology, otology and skull base surgery, rhinology and sinus surgery, and head and neck.

My supervisors were Dr Chase Miller and Professor Arthur Hengerer (who was the Chair of the department at the time). All the different aspects of ORL practice were well developed within the department, with well respected faculty in each subspecialty. I worked with Dr Michael Haben (laryngology), Dr Paul Dutcher (otology), Dr John Wayman (otology), Dr James Hadley (rhinology), Dr Timothy Doerr (head and neck, facial plastic and reconstructive), Dr John Norante (general

otolaryngology), Dr Chase Miller (rhinology), Professor Hengerer (paediatric otolaryngology) and Dr John Coniglio (head and neck surgery, within Highland Hospital, Rochester).

I was warmly received by everyone. Dr Miller, my supervisor, ensured that I received a scheduled programme every week. I had opportunities to interact with both residents and consultants, enabling extensive learning experiences.

In Nigeria, the specialties are still poorly developed. Thus, this visit afforded me the opportunity of observing well developed ORL subspecialty practice. The visit further stimulated my interest in developing my own ORL practice. The University of Rochester Medical Center ORL department was very busy, with clinic and operating theatre sessions running daily and concurrently. I spent about two weeks in each subspecialty and was able to observe a wide range of ear procedures, including tympanomastoid surgery, cochlear implantation and stapedectomy. I also had the opportunity to observe functional endoscopic sinus surgery, and a wide range of complex rhinoplasty and septoplasty procedures (both open and endonasal endoscopic). I was able to observe Dr James Hadley conducting sinus surgery with the assistance of image-guided surgical navigation systems. My time at the hospital's Center for Laryngology and Care of the Professional Voice gave me the opportunity to participate both in the clinic and in operating theatre sessions, where I observed laser surgical management of laryngeal cancers and other common pharyngeal disorders. I commonly see head and neck cancers within my ORL practice in Nigeria, so I was interested in observing head and neck cancer management, especially with respect to covering defects left after tumour excision.

I also had the opportunity of observing paediatric surgical cases. The commonest were tonsillectomy plus adenoidectomy and myringotomy with ventilation tubes insertion, as expected; however, I observed different methods for these procedures (varying from my own practice of tonsillectomy by dissection). Endoscopic assessment of the paediatric airway was another new procedure I observed. I had ample time to observe the department's management of Ménière's disease, which was still being investigated. With Professor Arthur Hengerer, I learnt a great deal about paediatric bronchoscopy. I had opportunities to discuss at length, with various consultants, the patient management challenges I faced in Nigeria.



FIG. 1

Dr Akinpelu, Dr James Hadley (Assistant Professor of Surgery) and Dr Chandler Marietta.

My programme enabled me to observe the department's audiology and speech therapy activities. I also had sessions with the allergy unit.

The University of Rochester Medical Center ORL department is an academic centre, and I was able to participate fully in the departmental academic programme, the head and neck tumour board, and grand rounds. I was fortunate to be able to participate in the department's temporal bone dissection sessions, held every October, including the lectures which preceded the sessions. The hospital has a very well equipped laboratory for this activity, with many temporal bones for participants (including myself) to practise on. I also had access to this laboratory throughout my stay.

Rochester

Rochester was a nice place to visit for me and my family, and we really enjoyed our stay. The weather was cold but not unbearable. My children had lots to do during our visit, and benefited from the very satisfactory child care arranged for me.



FIG. 2

Dr Akinpelu with Dr Michael Haben.



FIG. 3

Dr Akinpelu, Professor Hengerer (Chair of the otolaryngology department) and Dr Chase Miller.

Conclusions

My visit was very worthwhile. It opened my eyes to many developments within the various ORL subspecialties. I now have the chance to develop my practice along the lines of what I observed in the United States. Since my return, I have been able to put to use the skills I developed during my visit, especially in nasal endoscopy, airway assessment and management of upper airway diseases. The knowledge and skills obtained during my visit to the ORL department of the University of Rochester Medical Center, Rochester, have been very helpful in my ongoing clinical work, teaching and research.

This visit has been a wonderful professional experience for me.

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O V Akinpelu
Consultant ENT Surgeon,
Obafemi Awolowo University and
Teaching Hospitals Complex,
University Ile Ife,
Nigeria.