The Journal of Laryngology & Otology
May 2004, Vol. **118,** pp. 393–394

JLO Travelling Fellowship 2nd Report 2003

Report of visit to USA 29th September–24th October 2003

Haytham Kubba

Consultant in Otolaryngology, Sick Children's Hospital in Glasgow, Yorkhill, Glasgow G3 8SJ, UK.

I am very grateful to the JLO for giving me the opportunity to visit three centres of excellence for paediatric otolaryngology in the USA in October last year. The visit came at the end of a year's clinical fellowship in paediatric otolaryngology at Great Ormond Street Hospital, so it was an excellent chance to compare and contrast practice in the UK and the USA. It was also an opportunity to discuss clinical issues with some very well-known practitioners in the field.

Hospitals visited

Massachusetts Eye and Ear Infirmary

The visit began with three weeks in Boston, spending time at both the Massachusetts Eye and Ear Infirmary and the Children's Hospital.

The Eye and Ear Infirmary has all the advantages of being a specialist hospital (identity, concentration of expertise, no competition for resources such as beds and theatre time), but its location adjacent to the Massachusetts General Hospital means that it does not suffer from the potential drawback of isolation from other specialties. It has a staff of 22 otolaryngology attendings who are divided into sub-specialty groupings — General Otolaryngology, Facial Plastic and Reconstructive Surgery, Head and Neck, Laryngology, Paediatric Otolaryngology and Otology. Staff numbers are such that each sub-specialty can provide its own senior on-call cover and has its own residents and fellows. The hospital has large, well-equipped laboratories and the range of on-going research is impressive.

There are five paediatric otolaryngologists and I was able to spend some time with three – Dr Christopher Hartnick, Dr Michael J. Cunningham and Dr Roland D. Eavey. Dr Eavey gave a fascinating demonstration of surgical techniques in both congenital and acquired ear anomalies, including some very practical hints and tips. He demonstrated his use of a tragal cartilage 'butterfly' graft for repairing tympanic membrane perforations and the use of a cut endotracheal tube as a canal stent after meatoplasty. He has developed a comfortable and aesthetically-pleasing polypropylene head 'bandage' that fastens with velcro and can therefore be worn for days at a time. It is well tolerated by young children and, crucially, can be replaced by parents if it loosens, falls off or only needs to be worn at night. He uses it routinely after ear surgery, but I think it is absolutely ideal after pinnaplasty. As he is the researcher responsible for the famous 'human-ear-on-the-back-of-the-mouse' pictures that were shown on news bulletins across the world a couple of years ago, it was particularly fascinating to hear Dr Eavey's insights into the role of tissue engineering in the future of microtia surgery.

Dr Hartnick has an extensive paediatric airway practice, and it was interesting to see his approach to problems such as laryngeal cleft. I was also able to pick up some useful practical tips on performing functional endoscopic evaluation of swallowing (FEES) in children. Also, having spent time with Mr Ben Hartley in the paediatric voice clinic at Great Ormond Street, I was particularly keen to see the equivalent clinic at the Eye and Ear Infirmary. The equipment was certainly excellent, but as ever the team is what counts. The clinic benefits from a collaborative approach between both adult and paediatric otolaryngologists (Dr Hartnick and Dr Steven Zeitels) together with speech scientists and therapists. Paediatric voice has been less well-studied than adult voice, so the clinic is really operating at the edge of current knowledge of what is possible, writing the rule book along the way.

I saw some very interesting paediatric head and neck surgery with Dr Cunningham, not least the excision of a fourth branchial pouch sinus and a possible case of Castleman's disease. As with all these surgeons, the discussions around the subject were as educational as the surgery itself.

Boston Children's Hospital

Boston Children's is a bright, welcoming, child-friendly hospital with excellent facilities. The hospital provides the full range of medical and surgical specialties for children, including eight otolaryngology attendings. I was fortunate enough to be able to spend time with Dr Gerald Healy, Dr Trevor McGill and Dr Reza Rahbar, including time in both out-patient clinics and operating theatres.

Dr Healy's approach to the surgery of congenital meatal stenosis appears to be somewhat more conservative and conventional than that of Dr Eavey from Massachusetts Eye and Ear, with results that are at least as good. I was able to see Dr Rehbar perform two combined craniofacial procedures (excision of a nasal dermoid with intracranial extension and obliteration of the frontal sinus for a CSF leak). I also had the opportunity to see both the surgery and the later outcomes of radiofrequency ablation of lymphatic malformations in the tongue.

The New England Otolaryngology Society meeting was held in Boston while I was there, and the subject was, fortuitously, paediatric otolaryngology. A fascinating day's programme included residents' case presentations from each of the training programmes in the region and two keynote lectures on laryngo-tracheal stenosis by Dr George Zalzal from Washington. Most informative from my point of view was the session on universal neonatal hearing screening, which is in the process of being introduced in my region.

Children's Hospital Medical Center, Cincinnati

More children are operated upon at Cincinnati Children's than at any other children's hospital in the USA, and more than half the procedures are performed by otolaryngologists. This huge workload is mostly due to the otolaryngology department's national and international reputation as a centre of excellence for paediatric airway surgery, based on almost 30 years of pioneering work by Dr Robin Cotton. Children travel from all across the USA to be seen. The department is, to a large extent, the final port of call for children with the most difficult airway problems encountered anywhere, often children who have had multiple failed procedures elsewhere. I was able to see diagnostic endoscopies, laryngotracheal reconstruction, cricotracheal resection and suprastomal reconstruction for tracheostomy-related malacia, and it was reassuring to see surgical techniques very similar to those I learnt at Great Ormond Street. I watched Dr Michael Rutter perform an endoscopic vocal fold lateralization procedure, and I was interested to see him do it in a very different way from Dr Hartnick at Massachusetts Eye and Ear. I also had the chance to sit in on the joint otolaryngology-speech therapy clinic for the assessment of non-cleft palate velopharyngeal incompetence.

The workload is not entirely in the field of laryngology, however, and both Dr Greinwald and Dr Choo have a practice that is largely confined to otology. During the time I was there I was able to watch fat-plug myringoplasties, tympanoplasty and mastoid surgery. The surgical techniques themselves were familiar, but some differences in instruments and dressings were worth bringing home! Both of these surgeons have large established research programmes and it was fascinating to hear of the latest research developments in cholesteatoma in particular.

Conclusions

Although I was only able to spend a short time in each hospital, I was still able to see a wide variety of surgery and out-patient consultations. The experience, however brief, of another health-care system was invaluable. I was surprised by how many similarities there are with otolaryngology in the UK. This is true not just for the surgery, but also for the current political 'hot topics' (such as restrictions on junior doctors' hours and research governance). Procedure-specific risk-benefit checklists for informed consent, computerized prescribing and an army of nurse practitioners are, perhaps, a taste of things to come in the UK in the not-too-distant future.

I found my visit to the USA to be very worthwhile, and I now have a number of changes to instruments, site preparation and post-operative dressings in otological surgery that I cannot wait to try out. I would like to thank all the surgeons I met for their generous hospitality and, once again, the JLO for supporting my visit with a travel award. I would also like to thank the trustees of the TWJ Foundation for providing me with a travel grant.

https://doi.org/10.1258/002221504323086660 Published online by Cambridge University Press