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From the Desk

Dear readers,

For quite some time, lots of things are worrying my mind. I would like to share them, with the idea of not only for clearing my doubts, but for getting better information so that an awareness is created for the future improvements in medicine, in particular, Otorhinolaryngology field.

Otorhinolaryngology being the surgical field let me caution that strict and universal application of Evidence Based Medicine need much revision.

Evidence based medicine

First, let me start with Evidence based medicine (EBM). No doubt, it carries the highest preference in research field. It clearly wins in all allied clinical subjects; I mean to say it is more useful in drug therapy, drug modification, newer drug trials, investigational values, etc.

Coming to surgical procedures, emergency management, terminal care, multi system involvement, multi specialty care, and numerous other situations, the decision making depends on many facets of the problem rather than single entity. Usually Otorhinolaryngogical surgeons faces many challenges including monetary limitation of the patients, psychological aspects, resource availability of the institution especially in emergency situations, expertise needs etc.

Constraints for not adhering to EBM in certain situations may be time factor, aesthetics factors, and occupational factors and also include social and individual mental makeup.

Some of the drawbacks of conducting trials in surgical specialty are, (especially with regard to newer or existing surgical method options)

1. Psychological trauma,

2. Anxiety,

3. Desperation,

4. Insecurity

The patients usually think that they could have chosen the option rather than leaving it for the machine or the third person to decide about their future.

Even though they may consent for the trial, everybody agree that they undergo lot of turmoil during as well as after the procedure.

Forough Farrokhyar quotes, "Surgical trials pose many methodological challenges often not present in trials of medical intervention….. Many barriers and issues of surgical trials affecting internal validity can be overcome with proper methodology, and in most cases these issues do not restrict their conduct…..ref 2"

Methodology

Secondly well defined methodology with proven records is available for newer techniques to be accepted easily by all.

Though trials have many phases including animal experimentations, still it may have different adverse reactions' when it comes to human experimentations, especially, newer surgical techniques are concerned. If the story goes like this, I do accept that there would not have been revolution of Key- hole surgery, Robotic surgery and computer assisted surgeries which are the common day practices in Otorhinolaryngology field.

Further many time tested surgical practice are slowly weaning to give way for the newer trends. It gives more satisfactions, lessons the surgical time, reduces morbidity, which all will agree.
But no patient is willing to bell the cat.

Protocol modules for Clinical situations

I give more emphasis on the development of protocol modules for Clinical situations (symptomatology wise as well as disease wise). In this Endeavour I would like to give special mention on the great initiative taken by Scottish Intercollegiate Guidelines Network, http://www.sign.ac.uk (Ref 1)

Even though much work has to be done there are few organizations including W.H.O., have already contributed much in this field'

Third and finally I have to accept that quality car and improvement has tremendous impact in the surgical field than EBM. Critical evaluation, continuous assessment, and on the spot verification, by internal as well as independent agencies do carry a lot in the implementation of quality care assessment. This system automatically creates awareness, urgency for improvement and acceptance for standardization.

Holistic and situation based management

Here I would like to mention a live situation. Middle aged male was referred for mastoidectomy as he was having swelling and discharge from the mastoid region for one month. Though he is strong at that time he was very sick. The CT and MRI of mastoid and temporal bone showed mastoiditis. Clinically he was having bloody discharge from both ears. Though they gave history of Incision and drainage was done for subperiosteal swelling day before. There was swelling and wound on both post aural regions with bloody discharge. There was hematoma on

the soft palate, bloody discharge from both external auditory canal and also epistaxis from both nostrils with clots. Investigations already done showed serum creatinine 3.5 and blood urea 90 mgms . Internist and Nephrologist who referred this patient, informed that the patient is in the Diffuse intravascular coagulatory state due to sepsis. Hence they were of the opinion that emergency mastoidectomy will be beneficial. Routine investigations were omitted. It was found out that there was spreading cellulitis in the mastoid region rather than abscess. This created the suspicion of septic shock and renal failure as well as the wound cannot be approximated, bone work will invite uncontrollable bleeding and the surgery was referred. Further investigations revealed that Haemoglobin level as 4 grams and the patient was HIV strongly positive . Moral of the story is " decide by the state of the patient rather than reports and recommendations". Otorhinolaryngologists have to decide on the ENT conditions.

Let me conclude that surgical management especially in Otorhinolaryngology looks similar to 64 squares of the chess board but with 64 billion options widening as the game goes. In fact it is true, disease don't restrict to Otorhinolaryngological field for any given patient. They may have causative disease, coexisting disease, complicating factors, contributory factors, in addition to the acute attacks, remission phase, as well as impending complications. As experienced surgeon, one has to view with broad outlook and act timely with precision and holistic approach.

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