

# Training in Laryngology and Phonosurgery: Are we guilty of neglect?



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Do we offer enough training in laryngology and phonosurgery? That is a question that begs to be answered. Just flip through the back portion of *ENT News* and one will find a host of courses offering endoscopic sinus surgery, temporal bone dissection, base of skull surgery, and head and neck surgery courses. There is even pride in advertising the '100th Temporal Dissection Course' or 'The 50th FESS Course'... Yet there is a deafening lack of phonosurgery or laryngeal courses around the world.

For most organisers of big conferences, an endoscopic sinus surgery and temporal bone dissection course are automatic pre or post congress events. A chronic lack of larynx based courses is evident. Why is there a lack of phonosurgery or laryngeal courses? Poor response? Not enough speakers? Not enough enthusiasm amongst those who sub-specialties are in this field?

Realising this void, we in Malaysia took the initiative to organise an annual course, starting with the first course in 2001. As the hands-on participation is limited, we were careful in advertising the course. In the first three years, the places for the hands-on lab cadaveric surgery were snapped up even before the formal advertisements were sent out.

Our three-day course has a fusion of speakers from the east and west and we invited Dr V Anand from India and Timothy McCulloch from the USA. Over the last few years we've even had speakers from neighbouring Singapore. The first day is filled with lectures on subjects ranging from reflux to thyroplasty. The highlight is the second day which is the cadaveric hands on surgery. The participants are paired up and placed in 14 stations. Each station is given one human cadaveric larynx, collected from unclaimed bodies over one year. Dissection begins with skeletonising the larynx from the attached tongue and esophagus. En route, the recurrent laryngeal nerves are identified. The pair who finds this first wins a prize! With the larynx in the hand, thyroplasty and arytenoid adduction is demonstrated and practised. Next the larynx is mounted on a laryngeal holder and the microscope is brought into place. Participants then practise raising mucosal flaps on the vocal cords, doing type one cordectomy, injection medialisation and finally laser cordectomy and posterior cordectomy is performed. Finally laryngofissure is done and the arytenoid cartilage is dissected out. At the end of the day, the larynx is completely dismantled, thus making full use of the specimen.

The final day of the course is the live surgery. Typically there are 5 to 6 cases ranging from recurrent respiratory papillomatosis, vocal polyps, vocal cysts and a couple of thyroplasties. Participants are allowed in the theatre to have a closer look at the instruments used. The surgery is televised to an adjacent lecture room in the theatre itself.

The finer points of phonosurgery, the microdissecting instruments used and





the respect of the epithelium and laminar propia of the vocal cords are emphasised.

We are happy our course is truly ASEAN because we get participants from Singapore, Indonesia, Philippines and recently even from Hong Kong.

We realise however this course cannot possibly cover everything. The insertion and placement of the laryngoscope, which is pivotal even before any fancy surgery on the cords is performed, cannot be taught in the lab. The residents should always be given a chance to have the feel of this, taking all precautions not to injure the teeth, lips and tongue. They should also appreciate how to manipulate instruments through the narrow laryngoscope. Respect for the normal and taking only pathological tissue cannot be over emphasised.

Returning to the original question of lack of training in laryngology and phonosurgery, I appeal to all readers to look at their own institution to see if indeed there is a void in the overall training of the staff. If there is, a concerted effort must be made to correct this. ■

#### Reference

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*Places for the hands-on lab cadaveric surgery were snapped up even before the formal advertisements were sent out*

