

OTORHINOLARYNGOLOGY

RECENT ADVANCES IN EAR,
NOSE AND THROAT (ENT) SURGERY

New surgical techniques involving atraumatic dissections mean less bleeding, less pain, shorter surgeries and faster postoperative healing.

The most important contribution of medicine to humanity is the relief from pain, disease and fear, as Hippocrates said centuries ago. Nonetheless, despite the developments in modern medicine, patients often put off surgery, mainly due to the fear of postoperative pain and discomfort.

For this reason, all surgical specialties seek to achieve the same therapeutic effect with minimally invasive surgery (MIS). The advantage of MIS over classic open-surgery methods is that the suffering organ and the surrounding healthy tissues are affected to the least extent possible. Head and neck surgery in particular has made great progress recently with the application of modern endoscopic techniques.

Requiring no external incisions, endoscopic surgery of the nose and paranasal sinuses represents a much more desirable treatment of diseases such as sinusitis (chronic or acute), nasal polyps, benign and some malignant tumors and deviated nasal septum. Using magnification and illumination in association with powered instruments and navigational system, the surgeon has the ability to treat disease more accurately and with less risk of complications. This is very important, especially in surgery on children. In adenoidectomy and tonsillectomy it also ensures full removal of the tissue in question. Other common ENT problems



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in children that can be treated with the new endoscopic techniques are choanal atresia and chronic rhinosinusitis.

Transoral endoscopic laser surgery in the throat area has radically changed the treatment of benign diseases as well as cancer in early stages. This new technique has two main advantages for the patient: it is an alternative to a tracheostomy and it can be repeated in cases of local recurrence, particularly in patients with glottic cancer.

In recent years, the use of three-dimensional cameras in transoral robotic surgery in otorhinolaryngology had enabled a more precise estimation of the depth of the surgical site and the anatomical structure. Also, wristed instruments and robotic surgery offer better access to hidden points of the upper airway. This surgery is now recommended for benign diseases such as obstructive sleep apnea and for early stages of pharynx and larynx cancer. It has also begun to play a very important role in exploring head and neck cancer with unknown primary sites. The major advantage of robotic surgery for the patient is that it involves less postoperative edema, pain, bleeding or difficulty in swallowing.

I would highly recommend new surgical techniques involving atraumatic dissections, which mean less bleeding, pain and surgical time and faster postoperative healing for the patient.