Training for emergencies, endoscopic ear surgery and post-tonsillectomy complications: beware 'scary' otolaryngology

Adenoid cystic carcinoma is an uncommon tumour for which management can be difficult as few individual clinicians have a wide personal experience of dealing with it. Bishop and international colleagues have put together cases from around the world to try to answer the question of whether elective neck surgery is needed for this group of patients, and they conclude that it can often be avoided. The general topic of management of neck nodes in head and neck cancer is summarised by Paleri *et al.* in the recent UK guidelines.

As health services face manpower, resource and organisational difficulties, ensuring a safe emergency service in all specialties is high on the agenda for providers. The Journal of Laryngology & Otology has included many articles on educational aspects of ENT, recently by Whitcroft and colleagues, demonstrating a shortfall in confidence of junior doctors in dealing with emergencies.³ Swords and her group from Addenbrooke's have evaluated a short course,4 which is being mirrored around the country. This included important simulation components during an intensive training day. This course has not only been shown to be an effective learning experience, but the authors demonstrated a sustained effect on trainees' confidence after two to four months, which is crucial for any such intervention.

The matter of the heat generated by endoscopes in ENT has been raised in a previous article in *The Journal* by MacKeith and colleagues⁵ in 2008, and has been taken up by colleagues in Birmingham in this issue,⁶ specifically in relation to potential thermal dangers in endoscopic ear surgery. They conclude that the danger is real and give some useful tips on how to minimise the damage to tissues. This article should be read by anyone who picks up an endoscope for use in ear surgery, even if only occasionally.

Harju and Numminen's paper on secondary tonsillar haemorrhage investigates over 1700 patients, and

concludes that regardless of the indication, the risk of secondary haemorrhage is greater in patients over the age of 15 years, which will resonate with clinicians as being intuitively true. On the same topic, we also include a report of yet another unusual complication after tonsillectomy.

As our book review highlights, the world is 'scary' out there.⁹

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