DR RALPH STANLEY

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After my "A" Levels or Junior College, I was single-minded about studying medicine. I also knew that I wanted to do surgery after completing my basic medical degree. The decision to subspecialise in Ear, Nose and Throat (ENT) surgery was based on certain criteria. I wanted a subspecialty that would have career longevity as well as fit into my perceived lifestyle in the fifth and sixth decades of my life – I did not want to be operating at night or over weekends. This narrowed my choices down to Ophthalmology and ENT surgery. In the early 80s, there were more eye surgeons than ENT surgeons, and the prospect of being in the first cohort of ENT surgeons with formal training was appealing. All these factors led me to choosing ENT surgery.

In my clinic, I provide a range of ENT services, including comprehensive management of the entire spectrum of ENT-related conditions. Today, 90% of the ENT problems I treat are related to nasal and sinus conditions as there is an increase in the number of people in developed countries who develop allergies later in life. People are exposed to fewer infections in childhood, and as a result, they become more susceptible to developing allergies in adulthood.

Snoring and sleep apnea both in adults and in children are two other conditions that are becoming more prevalent because obesity – a contributing factor – is on the rise. In children, enlarged tonsils and adenoids are the fundamental causes of snoring and sleep apnea. Parents should take their kids to see an ENT specialist if they snore or mouth breathe every night. Excessive mouth breathing – where the upper and lower jaws do not "talk" to each other – can cause snoring and sleep apnea in adulthood as the growth of cheekbones and the jaw bones will not be integrated. Early intervention will also reduce the need for orthodontic treatment later in life.

Medical treatment forms the mainstay of treatments for nasal and sinus conditions. If the patient has an allergy, it has to be treated on a long-term basis with intra nasal steroid sprays once the offending allergen is found and allergen avoidance is instituted. A patient with an acute infection in the sinuses as well as an allergy will have to have the infection treated with a two-week course of appropriate antibiotics. If the patient develops chronic sinusitis, we may add on a course of steroids. If maximal medical therapy of four to six weeks does not work, we will then consider surgery.

For snoring and sleep apnea in children, we advise their parents to have their tonsils or adenoids removed if they are large. To treat these conditions in adults, a complete sleep study will be performed. All my patients undergo a trial of nasal CPAP, a treatment that delivers slightly pressurised air via a nasal and/or mouth mask during the breathing cycle. This may be enough to treat snoring and sleep apnea in many patients if they are compliant. However, if there are significant obstructions in the upper airway, such as enlarged tonsils, we will remove these physical obstructions first before using the nasal CPAP.

The most challenging ENT operation I have handled is one involving a middle-aged lady with a parotid gland (salivary gland) cancer. The facial nerve runs right through the parotid gland. We performed surgery to remove the cancer from the gland and the neck. Since the patient did not have any facial paralysis before the operation, we had to decide whether to remove the facial nerve or not. If she already had facial paralysis before operation, it would have been easier for us to make a decision. After some serious consideration, we decided to preserve the nerve and only remove the tumour around it. The patient experienced some facial weakness after the operation because of the traction on the nerve. After the surgery, we gave the patient a full course of radiation and chemotherapy and after three months, she regained full facial nerve function. This case was both difficult in terms of the decision we had to make for the patient as well as one that was technically challenging.