## **Editors' Speak**

Anesthesia is important to every surgeon. Having said that, the relation that an Otorhinolaryngologist shares with the anesthesiologist is unique. Often, the airway is a shared working space, which makes the two codependent. At the same time, anatomical challenges for 'securing' the airway can only be dealt best by a symbiotic combination of these two specialists.

This issue is the first of a potential series dedicated to Anesthesia in Otorhinolaryngology. Our guest editor has helped compile this issue with the sole aim to bridge the gap of communication between the two specialities, and help each understand the other. Certain practices followed by convention have also been mentioned, which may be subject to institutional variability. The aim of this issue however, is to justify the rationale behind these practices, and the vital principles pertaining to each subset of surgeries that must always be kept in mind.



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