

Anesthesia in Otorhinolaryngology

The management of anesthesia for patients presenting for ENT surgeries present numerous challenges for anesthesiologist in order to accommodate the needs of the patient and the surgeon. The field encompasses a wide variety of surgical procedures ranging from tonsillectomies, to major head and neck tumor resections. The problems that the anesthesiologists face includes:

- Evaluating and securing the patient's airway often distorted by tumor, trauma, infection, or congenital abnormality.
- Sharing operative field and often patient's airway with a surgeon.
- Choosing appropriate anesthetic technique for the wide variety and type of surgery performed.
- Deciding the safe time to extubate the patient without causing the patient to cough or increase the blood pressure suddenly leading to postoperative bleeding.

These chapters have been authored by anesthesiologists with good experience in anesthesia for otorhinolaryngological and bronchoscopic procedures. Each of the chapters has dealt with both the theoretical as well as recommended practical aspects in detail. Numerous illustrations in appropriate sections have added to the understanding of the chapter.

The first article on 'Anesthesia for Middle Ear Surgeries and Cochlear Implant' emphasizes the need to choose anesthetic agents appropriate for the procedure to provide a bloodless field, prevent graft displacement in middle ear surgeries and monitoring iatrogenic facial nerve injury. Surgery for Cochlear implants has taken by storm and more and more pediatric patients are operated for the same. Many of them present with congenital syndromes which can pose a threat to their lives during anesthesia. The next article 'Anticipated Difficult Airway in ENT Procedures' deals with guidelines and strategies for the management of intubation as well as extubation of the difficult airway has been discussed in detail.

'Anesthesia Management of Adenotonsillectomy' emphasizes the challenges such as presence of OSA or recurrent upper respiratory infection which may complicate a simple procedure. The article on 'Anesthetic consideration in FESS' explains the need for proper insight into the anatomical disruptions which can cause torrential bleeding and therefore to ensure the best possible field during the procedure. 'Eye, Nose and Throat Emergencies and Anesthesia' deal with common problems like laryngospasm, foreign body in the airway or dangerous infections which can lead to sudden loss of airway, asphyxia and death.

Eye, nose and throat-related chronic pain are often neglected. The last article on 'Chronic Pain Management in ENT Disorders' emphasizes the need for multimodal analgesia to deal with the annoying pain of neuralgia, otalgia, cancer pain, etc.

The above topics in this issue on 'Anesthesia in Otorhinolaryngology' can be an invaluable resource and reference for every clinician involved in the care of patients presenting for ENT surgeries.



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