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Endoscopic skull base surgery in management of Head and Neck cancers: Training, assimilation, practice and eventual dissemination in an Indian setup

Abstract

I am a Head and Neck surgeon, trained at Christian Medical College, Vellore, India and working in the Cancer Research and Relief Trust (CRRT) and Madras Cancer Care Foundation (MCCF), Chennai, India, a non-profit organisation focused on affordable treatment, prevention and research of cancers.

Right from the start of my professional career as a surgeon I was overwhelmed with the sheer number of head and neck cancer patients in my country, India. Even at our centre, we register around 1000 head and neck cancer patients annually with over 400 of them needing major surgeries; with sinonasal malignancies constituting around 5 percent. However, due to lack of expertise, affordable instrumentation and infrastructure, the patients requiring surgery are operated via open approaches, often resulting in unacceptable sequelae like palatal perforation, aspiration, enophthalmos and naso-gastric tube dependence.

In an era when endoscopic endonasal surgery is a well-established mode of treatment for sinonasal tumours, no one must have to resort to open approaches if endoscopic technique is feasible. I feel dejected to see patients struggling with prolonged complications, which often delay adjuvant therapy. The rehabilitation thereafter is another daunting task. Having sought to open surgeries in view of financial constraints seems counter-intuitive thereafter.

The ability to provide patients with the well-established, state-of-art treatment must be dissociated from affordability.

I am convinced that training in and application of endoscopic endonasal skull base surgery will help overcome some of our local issues. This is especially true in countries like India where high-pressure situations are present due to large numbers of waiting patients waiting for treatment from healthcare facilities.

Due to lack of expertise in this field, we resort to open approaches. In our Oncology team comprising of 5 surgeons, 2 medical and 2 radiation oncologists and 1 palliative care physician, I am the only surgeon from the Otorhinolaryngology background. I take the onus upon myself to train in this highly specialised surgical technique and apply the same in our hometown. I am fully

aware that there is a steep learning curve before I hone the skills for endoscopic endonasal work, but I am determined to acquire it.

Besides skill and knowledge, adequate exposure to modern technologies used in these procedures is mandatory. This is possible, again, only by visiting and observing at a large volume centre. I would like to be a pioneer in advancing my skills and knowledge and practice in this area and mentor and train several other colleagues to build adequate strengths to treat head and neck cancer patients holistically, with lesser waiting time, affordable cost and with minimum risk of post-surgical complications. The funding and infrastructure for setting up endoscopic surgery in our institute is already in place.