

Justifying our existence

The title of this editorial may have existential and philosophical implications but for our purposes is designed to reflect a more everyday requirement. That is to demonstrate to the public that the treatments we purvey are effective in managing their complaints. The need to demonstrate effectiveness is a rational one both in terms of spending healthcare budgets wisely and avoiding unnecessary and useless treatments. A review article in this month's issue summarises the evidence for effectiveness of treatment in a number of common ENT conditions.¹ As Seymour states in her article, ENT operations have frequently come under fire, including recently in a *BMJ* article that stated: '...grommets is an operation (like tonsillectomy) of private practice, in middle class children of families whose standard mantra is "something has to be done"...'.² Seymour reviews a number of conditions, and points out that surgical treatment often produces parallel benefits in such things as education, behaviour, confidence and neurocognitive abilities that are often not the principle outcome. Particularly with regard to tonsil surgery, the evidence is conflicting, with some studies suggesting that surgery should be reserved for only a more severe group of patients with airway obstruction or severe tonsillitis.³ Reporting of outcome is clearly important, including an honest appraisal of the chance of adverse events.⁴

Perhaps the most contentious area when it comes to outcome assessment is in rhinology, and it is notable that this subspecialty was not covered by Seymour in her review. Rhinologists are well aware that the fundamental problem in outcome assessment is that symptoms and patient-reported outcomes frequently correlate poorly with objective measures of nasal function. There have been many assessments of nasal outcome, including from a cost–benefit standpoint.⁵ The most used instruments have been the Sino-Nasal Outcome Test-22 ('SNOT-22') score and Lund–MacKay computed tomography score, with additional ones such as the Adelaide Disease Severity Score being recently added.⁶ In this issue, Haye and colleagues suggest an alternative 'nasal surgical questionnaire' for outcome assessment that focuses more on nasal obstruction, which they feel is the principle

symptom that should be taken into account when assessing the results of surgery.⁷

Finally, the effect of the weather on post-tonsillectomy haemorrhage is considered in an article by Cadd and colleagues.⁸ They found that seasonality had no influence on haemorrhage rates, unlike a previous study from Scotland⁹ that found a higher incidence in cold weather. Maybe the climates of Scotland and the Northern Territory of Australia are not truly comparable. Certainly, the influence of climate on the throat will probably continue to be contentious, as it has been for many years. An article from *The Journal of Laryngology & Otology* Archive published in 1893, entitled 'Dry weather and throat diseases',¹⁰ suggests that this is not a new discussion!

ROBIN YOUNGS
EDWARD FISHER
Senior Editors

References

- 1 Seymour NC. How effective are common ENT operations? *J Laryngol Otol* 2015;**129**:622–6
- 2 Spence D. Bad medicine: paediatric ear, nose, and throat surgery. *BMJ* 2010;**341**:c6560
- 3 Soni-Jaiswal A, Anderco I, Kumar BN. Patient-reported outcomes in children suffering with mild to moderate tonsillitis versus those in children with severe tonsillitis. *J Laryngol Otol* 2014;**128**:981–5
- 4 Prinsley P. An audit of 'dead ear' after ear surgery. *J Laryngol Otol* 2013;**127**:1177–83
- 5 Al Badaai Y, Valdés CJ, Samaha M. Outcomes and cost benefits of functional endoscopic sinus surgery in severely asthmatic patients with chronic rhinosinusitis. *J Laryngol Otol* 2014;**128**:512–17
- 6 Naidoo Y, Tan N, Singhal D, Wormald PJ. Chronic rhinosinusitis assessment using the Adelaide Disease Severity Score. *J Laryngol Otol* 2013;**127**(suppl 2):S24–8
- 7 Haye R, Døsen LK, Shiryaeva O, Amlie E. Evaluation of a nasal surgical questionnaire designed for monitoring surgical outcomes and comparing different techniques. *J Laryngol Otol* 2015;**129**:656–61
- 8 Cadd B, Rogers M, Patel H, Crossland G. (Ton)silly seasons? Do atmospheric conditions actually affect post-tonsillectomy secondary haemorrhage rates? *J Laryngol Otol* 2015;**129**:702–5
- 9 Lee MS, Montague ML, Hussain SS. The influence of weather on the frequency of secondary post-tonsillectomy haemorrhage. *J Laryngol Otol* 2005;**119**:894–8
- 10 Browne L. Dry weather and throat diseases. *J Laryngol Otol* 1893;**7**:374–5