

Editorial

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Although the coronavirus disease 2019 (Covid-19) pandemic has led to a widespread disruption in services, it has also allowed us to pause and reflect, modify existing practices, develop, innovate, and provide more efficient ways of working, many of which will continue long into the future even after the pandemic has passed. Several articles in this month's issue of *The Journal of Laryngology & Otology* are testament to this. Thus, Touska *et al.* present the use of transoral fine needle aspiration cytology as a technique for the diagnosis of various head and neck lesions, with particular reference to the benefits of this approach in the Covid-19 era.¹ They present a series of five patients undergoing this procedure for a number of different tumour subsites. There are valid arguments for considering such a technique during any future surges in Covid-19 prevalence.

As a gradual return to routine operating is being phased in within most countries, the need for clarity and evidence-based recommendations is critical. Ioannidis *et al.* propose the use of a microscope drape method to minimise aerosol spread in the operating theatre environment during endoscopic sinus and skull base surgery.² In this experimental simulation study, aerosol spread was contained almost to baseline levels with the application of the drape barrier along with negative pressure created with a suction within the drape.

The Covid-19 pandemic has provided further emphasis on the importance of thorough infection control during endoscopic examination, which is deemed to be an aerosol-generating procedure, and single-use endoscopes may have a role in this regard. A non-blinded, prospective, and single-arm qualitative and micro-costing evaluation by Mistry *et al.*, in this month's issue, compared single-use endoscopes with reusable endoscopes in a tertiary otolaryngology centre in the UK over a 5-day period.³ Overall, 68 per cent of investigators perceived the single-use scope to be 'good' or 'very good', while 85 per cent believed the single-use scope could replace the reusable scope. The authors conclude that the single-use endoscope provides a clinically comparable, and potentially cost-minimising, alternative.

Finally, Fuccillo *et al.* continue the olfactory theme, providing a comprehensive overview of olfactory disorders in Covid-19.⁴

Despite the demands and pressures that the Covid-19 pandemic has placed on health-care systems throughout the world, it should continue to provide an impetus for research, thereby driving innovation and service improvement.

References

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- 2 Ioannidis D, Tsagkovits A, Rokade A. Minimising aerosol spread during endoscopic sinus and skull base surgery. Experimental model evaluation of the efficacy of the microscope drape method. *J Laryngol Otol* 2020;**134**:804–810
- 3 Mistry R, Russell RV, Walker N, Ofo E. The single-use rhinolaryngoscope: an evaluation and cost comparison. *J Laryngol Otol* 2020;**134**:790–797
- 4 Fuccillo E, Saibene AM, Canevini MP, Felisati G. Olfactory disorders in coronavirus disease 2019 patients: a systematic literature review. *J Laryngol Otol* 2020;**134**:754–763