

Absolute voice rest following phonomicrosurgery, quality of life in vestibular schwannoma patients and cocaine use in sinonasal surgery

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Editorial

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The role of post-operative absolute and relative voice rest following phonomicrosurgery is controversial. There is a lack of an evidence basis for recommendations and no standard protocol with respect to the duration of voice rest required and whether absolute or relative voice rest should be undertaken.^{1,2} A study by Sinha *et al.* in this month's issue seeks to further address the issue as to whether absolute or relative voice rest is required in the post-operative period after removal of benign lesions.³ Forty patients were recruited and divided in two groups: absolute voice rest and relative voice rest. No significant benefit of absolute voice rest over relative voice rest was determined on post-operative outcomes in the quality of the voice, as determined by acoustic variables and auditory analysis. The authors conclude that voice rest requirements should be reconsidered and that relative voice rest may increase compliance and produce similar outcomes to absolute voice rest.

Ball *et al.* in this month's issue assess quality of life in vestibular schwannoma patients undergoing active observation, radiotherapy or microsurgical excision.⁴ Using a variety of validated quality-of-life questionnaires, the authors found that overall, quality of life was higher in the observation group, but must be weighed up against the risks of a growing tumour with conservative management.^{5,6}

Finally, intranasal cocaine is commonly used in endoscopic sinus surgery, most commonly as part of Moffett's solution, because of its vasoconstrictive and anaesthetic properties. A questionnaire-based study involving 123 patients in this month's issue aimed to understand patients' perspectives on its use and attitudes towards the need for pre-operative consent for its use.⁷ It was found that 9.8 per cent of patients knew of cocaine use in sinonasal surgery, 73.2 per cent of patients stated they would like a pre-operative discussion on cocaine use before surgery and 83.1 per cent of patients raised concerns over cocaine's illicit status, mainly its effect on work and driving. This questionnaire-based study identified that patients want to know if and when cocaine is being used intra-operatively without necessarily objecting to it.

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