

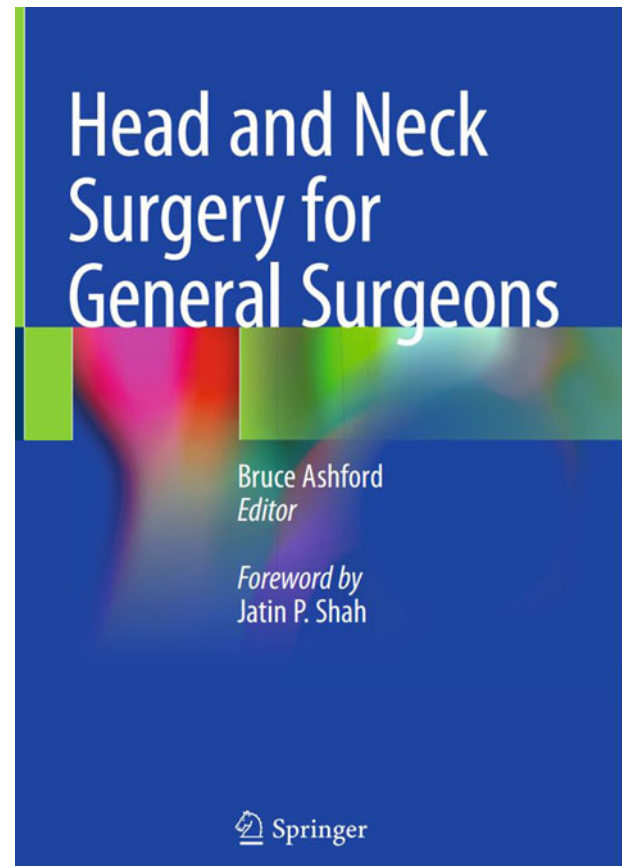
Head and Neck Surgery for General Surgeons

Bruce Ashford, University of Wollongong, Australia
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The title chosen for this publication is intriguing, suggesting a need to target the general surgeons as to their role in the management of patients with diseases of the head and neck. 'Best practice' guidelines in the context of quality-of-care measures have evolved since a 1987 article by Jack Lore (USA) on 'Dabbling in head and neck oncology: a plea for added qualifications'.¹ Treatment decision making by a multidisciplinary team (MDT) and adherence to treatment protocols or guidelines has a positive impact on head and neck cancer patient outcome, as does the number of patients with any condition, treated by any individual or unit. Success depends on a profound knowledge of surgical principles and sufficient surgical experience, auditing such factors as length-of-stay, return to theatre, or significant complications. Surgical performance is judged by achieving tumour resections with clear pathological margins, good functional/aesthetic outcome, recurrence free survival, and long-term quality of life. Surgery, if recommended, is ideally undertaken by those adequately trained and experienced to undertake such a task, and need not be restricted by the specialty training of any individual. The presentation of patients with acute or chronic head and neck symptoms, in many parts of the world, may present or be referred locally, where the only person with medical expertise is a general surgeon, who needs the basic knowledge of head and neck conditions and place of surgery.

The editor, Dr. Bruce Ashford, a consultant head and neck surgeon at The University of Wollongong, Australia, seems well competent to have chosen such a title for this publication as he qualified initially as a dentist and then medically qualified. He followed on with a general surgical training and his clinical practice includes ablative head and neck surgery with an expertise in reconstruction. The Springer link 'About the book' states that the aim of the publication is 'to be a practical but to be comprehensive guide for both candidates preparing for final surgical examination as well as general surgeons requiring an up-to-date source of definitive advice on topics of this regional specialty'.

This publication has 282 pages with 19 chapters which discuss the common neoplasms, both benign and malignant of most of the head and neck anatomical sub-sites (excluding the hypopharynx, nose and paranasal sinuses, anterior and lateral skull base),



the thyroid and parathyroid, neck and facial trauma, neck cysts, deep neck space infections, advanced skin cancer, as well as the use of local and regional flaps and free-tissue transfer for surgical reconstruction. The editor has recruited some 40 authors of whom most are Australian, some based at Wollongong and at the Chris O'Brien Lifehouse, Sydney, with other colleagues from Canada, the United Kingdom and Singapore.

All of the chapters are informative, but the content varies in content and structure, with some detailing the surgical steps of the procedures. The chapter on imaging, while short, introduces topics which are expanded upon in more detail in their site-specific chapters. Australia, where skin cancer is the most common head and neck cancer encountered by surgeons, is discussed in 8 pages with 10 references. The thyroid chapter, of over 19 pages with 8 references extensively explains a stepwise approach to surgery. Neck dissection is presented in a systematic format, over 20 pages with 34 references. The chapter on carotid body tumour and paraganglioma of the head and neck, is over 9 pages with 4 references (with no PubMed citing of reference 4). Current literature suggests that a large number of these can be managed by a 'watch-and-scan' protocol as in more than 50% of patients the tumour is very slow-growing, if at all. Fourteen further chapters complete the text, most ending with 'Top Five Takeaways', which did appeal. The chapter

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on tracheal surgery and tracheostomy is an unusual finding in a textbook on head and neck cancer, but this comprises 21 pages with 11 references. It summarises the primary resection of benign and malignant neoplasms of the trachea, with details of the procedure and coloured sequence diagrams.

This publication is informative, but we must remember has been written by surgeons who are recognised as experienced head and neck surgical oncologists and who work in large tertiary teaching hospitals, with a large volume of patients referred for diagnosis and treatment. The editor in his introduction (ix) suggests that each topic includes 'limited but essential references for further reading' – this could have been improved and more uniform with more modern publications, at least published in the last decade. While the aims of the publication have been broadly achieved, one is disappointed that the ideal, to work in an environment of an MDT was not more emphasised. Some of the topics discussed, such a tracheal tumour resection, and head and neck paragangliomas, and oropharyngeal cancers present major challenges to management for even the most experienced MDT.

This reviewer thanks the publishers who provided him with a hardcopy, but he also had access to a web-based version

(Library Access). He would recommend this publication to students and 'potential surgeons' who are in need of a more detailed knowledge on the 'role of the surgeon in the management of some of the more common head and neck tumours and conditions'. For the publisher and the editor, in the modern world of the internet user, the citing of references is a crucial additional source of knowledge to many readers. References when cited need to be accurate, recent, and relevant to the topic and ALL should include the PMID (PubMed identifier) and/or the doi (digital object identifier).

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Reference

1. Loré JM. Dabbling in head and neck oncology (a plea for added qualifications). *Arch Otolaryngol Head Neck Surg* 1987;**113**:1165–8.