

## Effect of A Specialty Prepared Charging Group on an Scholastic Otolaryngology Practice

Deniz Dilara\*

Department of Microbiology, Cumhuriyet University, Sivas, Turkey

Covid 19 or The Novel Corona Virus complaint 2019 has changed the world as we know it continually. From the places of power to the humble firesides, not a moment passes by without being concerned about the toxic.

Endoscopies have been the game changers as far as the field of Otolaryngology is concerned. They've made the hitherto hidden areas of awareness, nose and throat extremely accessible that, a practice without them, would be inconceivable and perceived grossly lacking by the current crop of Otolaryngologists [1].

ENT Head and Neck Surgeons due to their propinquity with the airway mucosa have been shown to be under increased pitfall of Covid 19 transmission. Endoscopies enhance this pitfall. Yea though endoscopies per se aren't considered as Aerosol Generating Procedures (AGPs), they potentially increase the chances of cough, monkeyshine, and sneeze with later aerosolization. The risks are multiplied by the fact that the Health Care Workers are in close propinquity of the case during the procedure. Antivenom scraps which are aerosolized from mucosa may stay in air for 3 h of longer.

An analysis of the testimony available at present and framing a road chart for safe peculiar endoscopies in the Eschewing Case Practice are, so, the need of the hour [2].

### Leads and Alternatives for Endoscopy

Otolaryngology as a field has been pioneer suitable for tele-dialogue practices. Gilani et al. have reported that upto 80 of cases with note complaints who sustained telemedicine dialogue nowise took in person follow up visits. According to McCool et al. too, cases with note complaints were more suited for tele- dialogue Soldatova et al. have described in detail a comprehensive approach for dysphagia evaluation designed for the present times. It includes virtual history taking, assessment via virtual swallow evaluation and use of case or care taker administered questionnaires and virtual remedy sessions. This reduces the in- case visits and also brings down the necessity for invasive peculiar procedures to the minimum.

As per the nasal endoscopy protocols put forth by Fried et al. only instant/ importunate cases should be considered for endoscopy — this includes lump cases and refractory epistaxis (6). They also suggest considering imaging modalities as the first line instead of endoscopies [3].

Setzen et al. also suggest reconceiving CT as a fill-in for nasal endoscopy and are in favour of getting a CT examination done, if complexes are available, so negating the need for an endoscopy (2). Flagrant hints for nasal endoscopy include — unilateral symptoms, high dubitation of malice, failed felicitous medical treatment and complications of rhino sinusitis.

The most important part is to screen the cases and identify the emergent/ clamant cases out of the lot. Tele- drug complexes can be employed for this. Imaging modalities are to be used when and where applicable [4].

Once the case has been advised an endoscopy, an appointment should be given. This has to be arranged according to the available waiting space while cinching proper social distancing. The number of care takers in the awaiting area should be kept to the littlest number possible. The cases and attenders should be counselled regarding the developed than usual hazard of transmission in the area given the presence of cases with upper respiratory symptoms, tracheostomy etc. A separate authorization may be taken in this regard as per the being born situation.

### References

1. Mc Cool R, Davies L (2018) An assessment of telemedicine eligibility among otolaryngology diagnoses. *Otolaryngol Head Neck Surg* 158: 641-4.
2. Soldatova L, Falk GW, Mirza N (2020) Virtual dysphagia evaluation: practical guidelines for dysphagia management in the context of the COVID-19 pandemic. *Otolaryngol Head Neck Surg* 26 :0194599820931791.
3. Fried J, Imam SA, Lee JA, Nguyen SA (2020) Nasal endoscopy protocols in the era of COVID-19. *World J Otorhinolaryngol Head Neck Surg*.
4. Gilani S (2020) Electronic consults in otolaryngology: a pilot study to evaluate the use, content, and outcomes in an academic health system. *Ann Otol Rhinol Laryngol* 129: 170-4.

\*Corresponding author: Deniz Dilara, Department of Microbiology, Cumhuriyet University, Sivas, Turkey; E-mail: [denizdilara@edu.tr](mailto:denizdilara@edu.tr)

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