



## Preface

# Rising to the Challenge: Otolaryngologists in the COVID-19 Pandemic



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*Editor*

As the COVID-19 pandemic continues to wax and wane across the world and this country, it is somewhat cathartic to write this preface, at the request of our esteemed Academy Past-President and my former teacher, Dr Sujana Chandrasekhar. The realization that over 6 months have passed since the outset of this pandemic, in what feels like the blink of an eye, drives home that so many of us have had far too few chances to come up from underwater, catch our breaths, look around at the current landscape in otolaryngology, and truly appreciate the major shifts our field has undergone.

Human beings are resilient, and surgeons even more so: our shared experience of residency both demanding flexibility and adaptation while strengthening and sharpening our minds. It is likely that these qualities are what have held us together and brought us through this, despite also feeling that we have been running a never-ending race these past 6 months over ever-changing topography and with surprise obstacles around every turn.

In the United States, we owe a debt of gratitude to our international colleagues who, even while in the midst of their own most challenging time, took a moment to reach out and send a warning our way.<sup>1</sup> Before that time, none of us were considering the high level of virus found within the head and neck mucosal region, the widespread use of aerosol-generating procedures in our specialty, and how this may be a perfect storm for the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). With this warning in hand, otolaryngologists across the country were able to take action, supply that information to hospital administrators, obtain the appropriate high-level personal protective equipment (PPE), and shut down clinics and elective surgeries until we could safely reopen with testing protocols tailored to our higher-risk procedures and patient populations. It is a testament to our field's collective ability to rapidly

process information, adapt, and act to keep ourselves and our patients safe, that we have been able to reopen without any major clusters of spread of COVID-19 from our offices or operating rooms.

Most of us have been through a near complete shutdown other than surgical emergencies, a rapid ramp up of telemedicine, a fight for appropriate PPE, a myriad of testing protocols, and installment of HEPA filters or other changes to clinic rooms. Then came the reopening of clinics and operating rooms, and a return to current patient volume that is even higher than usual as we make up for lost time and patients also try to get in as soon as possible in anticipation of possible future shutdowns. With all the new information and technology we have in hand, I do not foresee another complete shutdown in our future, simply more adaptation and flexibility as the situation changes.

I am grateful to my colleagues, Dr Brandon Baird, Dr Steven Sobol, Dr Esther Vivas, and Dr Carol Yan, who I asked to write about these changes and solutions in each subspecialty in their articles for this special supplement for *Otolaryngologic Clinics of North America*. Despite the difficulty of writing on a rapidly evolving topic, they have all brought to light the most important points all of us can learn from. I am heartened by the connections formed and interaction within our community around the globe as we have come together to fight this virus and reassure each other that we will get through this. This is certainly not the end of this fight and not even the last pandemic we are all likely to face in our lifetimes. But after having this chance to reflect on the response of otolaryngologists–head and neck surgeons everywhere, I am confident that we can face and overcome any new challenge in our future, together.

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## REFERENCE

1. Patel ZM, Fernandez-Miranda J, Hwang PH, et al. Letter: precautions for endoscopic transnasal skull base surgery during the COVID-19 pandemic. *Neurosurgery* 2020;87(1):E66–7. <https://doi.org/10.1093/neuros/nyaa125>.