



ENT CENTRAL

GENERAL ENT



DR *Naveed* BASHEETH

EAR, NOSE, THROAT, HEAD & NECK, FACIAL PLASTIC SURGEON

CONDITIONS OF THE EAR, NOSE & THROAT (ENT)

General ENT deals with a broad range of conditions affecting both adults and children. However, since conditions differ in anatomical and disease profiles, paediatric ENT involves different approaches and treatments for some disorders. Pathology and treatment common to all is briefly mentioned here while Paediatric ENT will help you understand conditions like hearing loss, tonsillitis and tongue tie that are more common in younger patients.

EAR

ACUTE OTITIS MEDIA (MIDDLE EAR INFECTIONS)

A primary symptom, especially in children, is ear pain. They may tend to tug at their ears or complain of discomfort. This is often accompanied by fever, especially in bacterial cases. Due to the fluid buildup, children may experience hearing loss. Irritability is particularly common in infants and young children. And at times, pus or fluid may drain from the ear if the eardrum ruptures (perforated tympanic membrane).

Diagnosis & Treatment

A clinical examination typically involves looking into the ear with an otoscope to assess the appearance of the eardrum and presence of fluid. Understanding the patient's history of symptoms such as ear pain, fever, and recent respiratory infections is also crucial.

Otoscopic examination, audiometric tests, observation for spontaneous resolution, improving Eustachian tube function, and medical management including pain medications, anti-inflammatories and antibiotics may be required. For non-responders surgical intervention, i.e. grommets ± adenoidectomy, middle ear procedures, either LA/GA depending on age.



OTITIS MEDIA WITH EFFUSION (GLUE EAR)

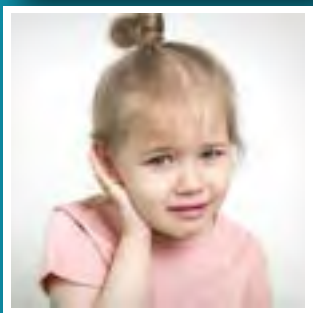
Otitis media with effusion (OME), commonly known as glue ear, is a condition where there is persistent fluid buildup in the middle ear cavity behind the eardrum. Unlike acute otitis media (AOM) which is an active infection of the middle ear, glue ear involves fluid accumulation without signs of acute infection.

Children may suffer from mild to moderate hearing loss, which may fluctuate, a feeling of fullness or pressure in the ear, speech and language delays or very rarely, balance issues.

Diagnosis & Treatment

An otoscopic examination lets the paediatric ENT visually inspect the ear canal and eardrum. A tympanometry might be required to measure the movement of the eardrum to assess middle ear function and fluid presence. Audiometry (hearing tests) can assist in the diagnosis by assessing the extent of hearing loss.

Many cases of glue ear resolve spontaneously within a few months without intervention. Nasal steroids or decongestants may help reduce inflammation and improve Eustachian tube function. For persistent or severe cases, tiny tubes called Grommets, inserted through the eardrum, can help drain fluid and equalise pressure in the middle ear.



HEARING LOSS

Hearing loss in children can vary widely in its causes, severity, and impact on development.

Genetic conditions, infections during pregnancy such as cytomegalovirus, premature birth, and complications at birth can contribute to congenital hearing loss. In other instances, acquired factors like chronic ear infections (otitis media), head trauma, exposure to loud noise, certain medications, and illnesses like meningitis can cause acquired hearing loss in children.



Hearing loss is of three types - Sensorineural Hearing Loss (damage to the inner ear or cochlea, or auditory nerve), Conductive Hearing Loss (interference with sound transmission in the outer or middle ear) and Mixed Hearing Loss (combination of sensorineural and conductive hearing loss).

Mr Basheeth does assessments for **occupational noise induced** hearing loss (ONHL) through ACC and audiology referrals. Where surgery indicated he identifies patients and recommends management appropriately.



Diagnosis & Treatment

Diagnostic Tests include audiological evaluations such as pure-tone audiometry, tympanometry, and auditory brainstem response (ABR) tests to assess hearing sensitivity and function. A newborn hearing screening may be conducted shortly after birth to identify hearing loss early.

Dr Basheeth performs thorough assessment and would recommend appropriate treatment options involving surgical procedures such as **grommet insertion, endoscopic ear surgery, tympanoplasty - closure of eardrum perforation, ossiculoplasty (reconstruction of hearing mechanism with autologous/synthetic prosthesis, mastoidectomy, facial nerve decompression, stapedotomy, bone anchored hearing aid (BAHA), middle ear implant (OSIA), and bone bridge.**

Vestibular assessment with video nystagmography (VNG), vHIT, caloric tests and radiological assessment may be indicated for vestibular and inner ear disorders

Treatment options include surgical procedures including **grommet insertion, middle ear procedures, hearing aids and cochlear implants.**

VERTIGO

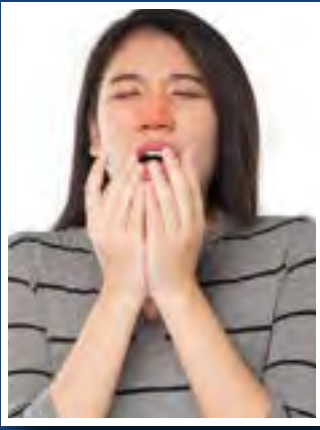
This could be a debilitating condition which could occur periodically and have long term effects. Vertigo could be related to BPPV, Meniere's, inner ear abnormality, tumours, labyrinthitis and needs thorough vestibular assessment and management.

EUSTACHIAN TUBE DYSFUNCTION

Acute or chronic Eustachian tube obstruction can cause blocked ear, imbalance, hearing loss, tinnitus and affect routine life. Thorough investigation, clinical and audiometric evaluation, would help the diagnosis. Dr Basheeth would recommend one of the following treatment options, grommet insertion, **balloon dilatation of Eustachian tube**, and this could be done under LA/GA.

CHRONIC OTITIS MEDIA AND CHOLESTEATOMA

Chronic middle ear infections and keratin debris formation in the external and middle ear could be detrimental to the hearing balance mechanism and has long term consequences on ear function. Early detection and management of the problem is imperative. Sequential video otoendoscopic examination with documentation helps to identify the problem at presentation and helps following the progression of the disease. Cholesteatoma could cause destruction of bones including ossicles, skull base and could also cause facial nerve paralysis worsening otological symptoms including vertigo, tinnitus and hearing loss. Appropriate medical and surgical management is vital.



NOSE

SINUS ALLERGIES (ALLERGIC RHINITIS)

Sinus allergies (allergic rhinitis), commonly called hay fever is the inflammation of the nasal passages and sinus linings due to allergic reactions to airborne allergens such as pollen, dust mites, pet dander, or mold spores. Symptoms include sneezing, nasal congestion, itching of the eyes or nose, watery eyes, and post-nasal drip where mucus drips down the throat from the back of the nose, causing throat irritation. Post-nasal drip can sometimes lead to a persistent cough and/or halitosis (bad breath).

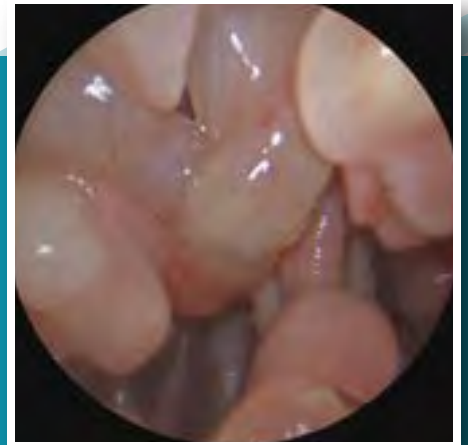
SINUSITIS

Sinusitis specifically refers to inflammation of the paranasal sinuses, which are air-filled cavities around the nasal passages. Sinusitis typically occurs when the sinuses become blocked and filled with fluid due to infection (bacterial, viral, or fungal) or other causes such as allergies or structural abnormalities (e.g. a deviated septum). Symptoms of sinusitis include facial pain or pressure, nasal congestion, thick nasal discharge, cough, and sometimes fever.

Sinusitis can be acute (lasting less than 4 weeks), subacute (lasting 4 to 12 weeks), chronic (lasting more than 12 weeks), or recurrent (multiple acute episodes within a year). When sinusitis coexists with rhinitis (inflammation of the nasal passages), it is referred to as rhinosinusitis.

NASAL POLYPS

Nasal polyps are non-cancerous growths that develop in the lining of the nose or sinuses. They can obstruct the nasal passages and sinuses, leading to symptoms similar to chronic sinusitis such as nasal congestion, facial pressure, and reduced sense of smell. They are typically shaped like teardrops or grapes and are usually benign. Exact cause is not understood well but they are often associated with chronic inflammation of the nasal lining and sinuses.



DEVIATED NASAL SEPTUM

A deviated nasal septum is a significant shift in the nasal septum (thin wall that separates the nasal passages) which can obstruct sinus drainage and airflow, contributing to sinus infections and congestion. This condition may be present at birth or can result from an accident/injury. In many cases, it does not have any symptoms, but if it does, it presents as congested nostril, nosebleeds and noisy breathing during sleep. A surgical procedure called Septoplasty is done to correct this issue.



NASAL OBSTRUCTION

Nasal obstruction, often referred to as a blocked nose or nasal congestion, occurs when the nasal passages are partially or completely blocked, making it difficult to breathe through the nose. Causes for blockage range from infections, allergies and medications to structural issues and environmental factors. Comprehensive treatment to address this issue may include highly advanced surgical procedures like coblation turbinoplasty and **ARIS Coblation for Turbinoplasty** which was first performed in New Zealand by Dr Naveed Basheeth.



EPISTAXES

Epistaxes can affect extremes of age, children and elderly, and cause significant morbidity.

Most epistaxes can be managed conservatively, albeit a good proportion of patients may need assessment and management by an ENT surgeon.

Cauterisation, nasal packing and surgery may be required for permanent solution.



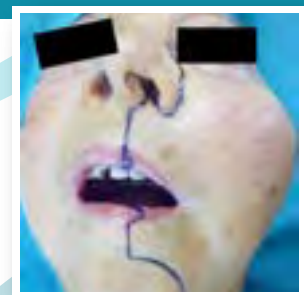
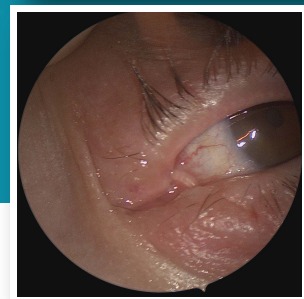
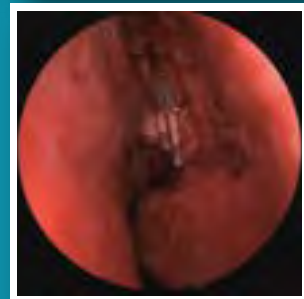
WATERY EYES/TEAR DUCT PROBLEMS

Endoscopic Oculoplastic Surgery refers to a transnasal surgical approach used to treat dacryocystitis (tear duct obstructions), orbital tumours and trauma to the eye in addition to aid in orbital decompression and optic nerve decompression. This procedure could also address various conditions affecting the eyelids, tear ducts, and surrounding structures within the eye socket.

Transnasal endoscopy is favoured for its minimally invasive approach to orbital lesions, particularly accessing the medial and inferior walls of the orbit effectively. ENT surgeons commonly perform endoscopic dacryocystorhinostomy (DCR) to address chronic dacryocystitis caused by nasolacrimal duct obstruction, typically seen in older adults. Optic nerve decompression involves relieving pressure on the optic nerve within its bony canal, often requiring urgent intervention within the first six hours after trauma for optimal visual recovery. Steroids decrease oedema, swelling around the eyes and help regain vision in acute conditions.

Additionally, endoscopic techniques are utilised for evacuating orbital haematomas resulting from trauma. These surgeries are typically performed promptly to improve prognosis. Patients generally undergo nasal packing for 36-48 hours and require hospital admission for 3-4 days post-surgery.

Endoscopic oculoplastic surgery aims to achieve precise and effective treatment with reduced trauma, quicker recovery times, and minimal scarring compared to traditional open surgeries.



NASAL TUMOURS

Nasal tumours refer to abnormal growths or masses that develop within the nasal cavity or sinuses. These tumours can be benign (non-cancerous) or malignant (cancerous). Non-cancerous tumours include: nasal polyps, inverted papillomas, and juvenile nasopharyngeal angiofibromas (more common in young males) with lesions typically exhibiting a smooth surface, being localised, and covered by mucous membranes. Other types are: squamous papilloma, pleomorphic adenoma, glioma, dermoid, encephalocele, haemangioma, schwannoma, meningioma and chondroma.

Malignant ones include various types of cancerous growths such as squamous cell carcinoma, adenocarcinoma, adenoid cystic carcinoma, melanoma, sarcomas, lymphoma and esthesioneuroblastoma (olfactory neuroblastoma). Malignant tumours can originate from the nasal cavity or paranasal sinuses, and can extend into adjacent structures like the nasopharynx or skull base. They tend to be fragile, with a granular surface prone to bleeding.

Distinguishing them from paranasal sinus tumours can be challenging, especially in later stages. Besides primary tumours, the nasal cavity can be affected by growths from adjacent areas like the paranasal sinuses, nasopharynx, and oral cavity.

Symptoms may include nasal obstruction, bleeding, or noticeable growths. Diagnostic tools such as CT scans, MRI scans, and nasal biopsies are employed. Treatment involves wide local excision for benign tumours, while malignant tumours require a combination of wide local excision, chemotherapy, or radiotherapy.



THROAT

TONSILS, TONSILLITIS & TONSILLECTOMY

Tonsillitis can be caused by either viruses or bacteria. Symptoms include a sore throat on both sides, general malaise, bad breath, trouble swallowing, white/yellow coating on the tonsils, fever and swollen lymph nodes in the neck. These symptoms typically last for about a week.

Treatment focuses on managing pain, hydration, antibiotics and for non-responders tonsillectomy – bipolar diathermy versus coblation tonsillectomy.

Tonsillectomy, the surgical removal of the tonsils, may be considered in cases where tonsillitis becomes recurrent or severe. Criteria for considering tonsillectomy include experiencing a certain number of episodes of tonsillitis in one or more years, two episodes of peritonsillar abscess.

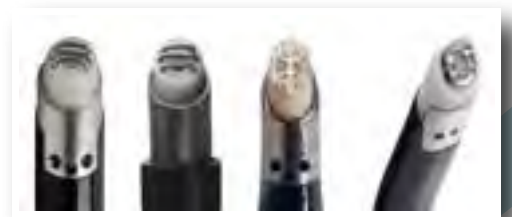


COBLATION TONSILLECTOMY

Coblation technology is a relatively low temperature surgical method to precisely remove tissue. COBLATION is an acronym for controlled ablation (or cold ablation) which is the process of size reduction using relative heat. Radiofrequency energy is used to create a plasma field of ionised particles within a conductive medium (such as saline solution). This plasma field gently and precisely dissolves tissue at low temperatures (typically below 40°C), minimising damage to surrounding healthy tissue resulting in less pain after surgery.

Coblation technology has been gaining ground in surgical applications in various branches including ENT. Some of them are coblation intracapsular tonsillectomy or extracapsular tonsillectomy, adenoidectomy, turbinate channeling and sinus surgery, and treatment of laryngeal lesions caused by HPV (no plume), tumours and stenosis.

This approach aims to reduce post-operative pain and speed up recovery compared to traditional tonsillectomy techniques, making it a preferred option for some patients, particularly children and adults with recurrent tonsillitis or sleep-disordered breathing.



SNORING, OBSTRUCTIVE SLEEP APNOEA & ADENOTONSILLECTOMY

Adenotonsillectomy is a surgical procedure that involves the removal of both the adenoids (located at the back of the nasal cavity) and the tonsils (located at the back of the throat). It is commonly performed to alleviate various conditions affecting these structures, particularly in children experiencing sleep-related issues. A child affected with snoring or obstructive sleep apnoea needs to be evaluated first, to assess if their tonsils and adenoids are involved. A video of your child's sleep may be brought in, to evaluate sleep quality, which will be helpful for the assessment.

Coblation Technology can be used to perform treatment for Obstructive Sleep Apnoea (OSA) with adenotonsillectomy, Palatal Stiffening surgical elevation of uvula and palate (CAUP), Tongue Base Channelling & Reduction, and ARIS Coblation Turbinoplasty.



FOREIGN BODIES

Foreign bodies are frequently encountered in ENT practice, especially among children. Prompt removal is essential for all foreign bodies, with superficial ones typically managed in outpatient settings. Deeply lodged foreign bodies may necessitate surgical removal under local or general anesthesia, guided by radiological imaging such as X-ray or CT scans. Airway foreign bodies pose life-threatening risks, presenting with symptoms like choking or wheezing, requiring urgent endoscopic removal or emergency tracheostomy if necessary. Foreign bodies in the oesophagus may be removed endoscopically due to potential complications like mucosal charring from objects like batteries, while those in the nose can lead to issues like septal perforation or rhinolith formation.

HOARSENESS & REFLUX PROBLEMS

Conditions affecting voice box and associated anatomical structures can affect the voice. Hoarseness could be recurrent, associated with painful swallowing and causing sensation of a lump in the throat, and occasionally affecting breathing.

Nasoendoscopic and stroboscopic examination can reveal the pathology affecting corresponding sites in the throat which can be managed either surgically or through speech and swallowing medical and management strategies. Transnasal Oesophagoscopy TNO and state of the art non-invasive techniques, i.e. PEPTEST, are employed to diagnose, manage and follow up patients with reflux issues.

It is imperative to investigate for cancerous lesions in the voice box which could be a cause of persistent hoarseness.

TONGUE TIE

Tongue tie, or ankyloglossia, is a condition where the thin piece of tissue (lingual frenulum) that connects the underside of the tongue to the floor of the mouth is shorter, thicker, or tighter than usual. This can restrict the movement of the tongue and may affect various functions such as feeding, speech, and oral hygiene. While often asymptomatic, it can hinder newborns' tongue movement, causing breastfeeding difficulties. In older children and adults, tongue tie can contribute to speech difficulties. Treatment when necessary, usually involves a straightforward procedure to release the frenulum.



Once a physical exam is done, the child may undergo a quick and simple **frenotomy** procedure. The surgeon clips or snips the frenulum to release the tongue tie. This is often done in infants using local anaesthesia. In more severe cases or when the frenulum is thicker, a more complex surgical procedure called **frenuloplasty** may be required to release the tongue tie.

PAEDIATRIC ENT

Paediatric ENT differs from general ENT in several key aspects due to the unique anatomical, physiological, and developmental considerations of children. Children have smaller and developing airways, nasal passages, and ear structures compared to adults.

Many ENT conditions, often congenital, require treatment at a very young age. These include airway problems, infections of adenoids or tonsils that require their removal, and grommets for 'glue ear'.

Paediatric ENT specialists are trained to manage conditions that specifically affect these structures in children, such as congenital abnormalities, airway disorders (e.g. laryngomalacia), and conditions related to Eustachian tube dysfunction (e.g. otitis media with effusion). On the disease spectrum, this branch also encompasses a wide range of conditions that are specific to childhood, such as recurrent ear infections, tonsillitis, adenoid hypertrophy, and congenital anomalies of the head and neck.

Diagnosing and treating ENT conditions in children often requires specialised techniques and tools appropriate for their age and size. Paediatric ENT specialists are skilled in performing procedures such as flexible laryngoscopy, which is better tolerated by children, and in interpreting symptoms that may present differently in children compared to adults.

Likewise, surgical considerations can also differ significantly from procedures in adults due to smaller anatomy, different anaesthesia considerations, and potential long-term impacts on growth and development. In addition to that, children's ENT addresses parental concerns, developmental milestones, and the impact of ENT conditions on a child's growth and their future.

DR NAVEED BASHEETH AND GENERAL & PAEDIATRIC ENT

Children and adults requiring Tonsillectomy, Grommet Tubes, and Adenoidectomy are typically seen and managed within 4 weeks. Paediatric neck masses, salivary swelling, tongue tie, nose and ear issues are managed effectively through family friendly consultation, discussing problems and goal driven strategies. Let's stop repeated ED and GP visits, let's stop repeated antibiotics, make you feel better and live better!

*We believe in improving the quality of life for our patients
with a variety of clinical and surgical treatments
restoring patients back to their regular routines.*

Whether you have an ear infection, a snoring problem, dizziness, nasal obstruction or breathing difficulties, swallowing issues and basic/complex ENT problems you will be managed safely and competently.

*Whether you are a child (or parent) or an adult,
We promise to take care of you.*



DR *Naveed* BASHEETH

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REFERRAL PATHWAY

We provide Zoom consultations within two weeks of referral for out-of-town residents.

Relevant investigations, radiological and laboratory, can be undertaken in the patient's city.

Referral → In person / Online consultation / Radiological Investigations in patient's city → Treatment Planning through Online Consult → Fly in ➤ Procedure – One Night Stay – Fly out ➤

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