

## Editorial

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In order to limit the strain on healthcare facilities, various medical health authorities swiftly issued guidance to suspend all non-urgent medical care and elective procedures during the first wave of the coronavirus disease 2019 (Covid-19) global pandemic. Two articles in this month's issue of *The Journal of Laryngology & Otology* challenge this view.

In the first of these studies, Gombert *et al.* compared treatment outcomes in patients with laryngotracheal stenosis and compromised airways prior to and during the pandemic in a tertiary hospital setting.<sup>1</sup> In those operated on during the pandemic, the authors found comparable operative results to pre-pandemic data. The authors argue that management strategies for patients with airway pathology should not be compromised, and tracheostomies should be avoided by performing primary corrective surgical procedures where possible, or proceeding with definitive decannulation, which would have the added benefit of reducing contagious spread. This argues against temporising the airway compromise by performing a tracheostomy, as advocated by others.<sup>2,3</sup>

In a second article, Abrar *et al.* study the impact of postponing cochlear implant surgery during the first wave of the pandemic.<sup>4</sup> Open-ended questionnaires were sent to all adult patients awaiting cochlear implantation surgery. More than half of patients surveyed (65 per cent) who had their cochlear implantation surgery postponed because of the Covid-19 pandemic described an overall negative impact on their mental health. Patients not only reported UK lockdown policies as a contributing factor towards their poor mental health and sense of loneliness, but also described their difficulties with communication as playing a significant role in reducing their opportunities to interact with others, thereby intensifying their physical and social isolation. The authors conclude that patients awaiting cochlear implantation surgery are at a potentially greater risk of adverse psychosocial consequences compared with other patient populations because of additional distinct challenges faced as a result of their hearing disability. Their conclusion supports previous evidence demonstrating that implantation in the paediatric population during the Covid-19 pandemic is feasible with careful planning, and, like cancer management, is time-sensitive and must be prioritised.<sup>5</sup>

## References

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- 3 Shuman AG. Navigating the ethics of COVID-19 in otolaryngology. *Otolaryngol Head Neck Surg* 2020;**162**:811–12
- 4 Abrar R, Bruce IA, O'Driscoll M, Freeman S, Martinez de Estibariz U, Stapleton E. Impact on patients of the coronavirus disease 2019 pandemic and postponement of cochlear implant surgery: a qualitative study. *J Laryngol Otol* 2021;**135**:918–925
- 5 Mohammed H, Kennedy L, Whitehead D, Ahmad N, Banerjee A. A prospective study on the feasibility of cochlear implantation during the coronavirus disease 2019 crisis and trends of assessment: experience in a UK centre. *J Laryngol Otol* 2021;**135**:21–7