

## Letter to the Editor

### **Surgical aspects of paediatric cochlear implantation**

Dear Sir,

We have read the paper by Papsin *et al.* (1997) (*JLO* 111: 240–244) on *Surgical Aspects of Paediatric Cochlear Implantation* with some concern. A number of comments in that paper cannot be allowed to remain unchallenged. We are concerned that in the abstract but not in the paper the authors state that implanting children with multiple problems requires acceptance of a slightly higher risk of complications. However, our main concern centres on the discussion in the paper.

It is becoming of increasing concern to the established cochlear implant programmes that smaller centres are developing without appropriate experience or expertise and we cannot agree with the statement that increased demand for cochlear implantation requires the development of **additional** programmes.

Secondly, smaller programmes should not be encouraged to accept lower standards of care and higher complication rates than larger existing programmes as proposed. The best results and lowest morbidity achieved by any programme should be the target of all.

Kevin P. Gibbin, F.R.C.S.,  
Consultant Otolaryngologist,  
Queen's Medical Centre University Hospital,  
Nottingham.

Christopher Raine, F.R.C.S.,  
Consultant Otolaryngologist,  
Bradford Royal Infirmary.

David Proops, F.R.C.S.,  
Consultant Otolaryngologist,  
Queen Elizabeth Hospital,  
Birmingham.

John Graham, F.R.C.S.,  
Consultant Otolaryngologist,  
Royal National Throat, Nose and Ear Hospital,  
London.

Richard Ramsden, F.R.C.S.,  
Professor of Otorhinolaryngology,  
Manchester Royal Infirmary.

### *Authors' reply*

Dear Sir,

We are pleased that our paper has stimulated interest in several important points. As one of the largest paediatric cochlear implant programmes in the UK we felt it important to report our early experience, which indicates that implanting children with multiple medical problems does seem to carry a slightly higher risk of complications.

In considering the likely demand for additional programmes we were taking a worldwide view in an international journal: indeed, our first author has now taken charge of the paediatric cochlear implant programme at the Hospital for Sick Children in Toronto. Your correspondents seem to be considering only the UK, where we agree that there are probably already sufficient programmes, although their geographical distribution is not ideal.

We entirely agree that smaller developing programmes should aspire to the highest standards of larger established programmes. However, as with any new surgical procedure, there is inevitably a learning curve to be climbed before the best results and lowest morbidity are achieved.

Martin Bailey, F.R.C.S.,  
Consultant Otolaryngologist,  
Great Ormond Street Hospital for Children,  
London.

David Albert, F.R.C.S.,  
Consultant Otolaryngologist,  
Great Ormond Street Hospital for Children,  
London.

Susan Bellman, F.R.C.S.,  
Consultant in Audiological Medicine,  
Great Ormond Street Hospital for Children,  
London.

Blake Papsin, F.R.C.S.(C.),  
Staff Otolaryngologist,  
The Hospital for Sick Children,  
Toronto.