

## ROBOTIC HEAD AND NECK SURGERY: AN ANATOMICAL AND SURGICAL ATLAS

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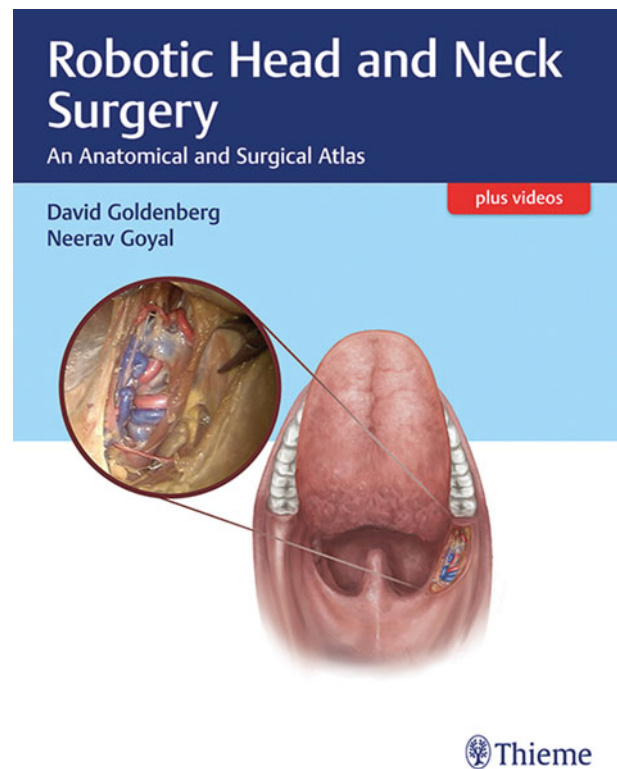
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It was only last night that I was persuaded to sit through two and a half hours of the film *Blade Runner 2049*, having been convinced that no sequel could remotely match the original. I was wrong. No plot spoilers in this review then, but I could not resist reviewing this book the next day. At least humans are still in control of the robots described in this book and, as yet, none of our trainees are ‘replicants’ in need of ‘retirement’ (surely not).

It is little over a decade since robotic devices were introduced. They have expanded the concept of minimally invasive surgery, in order to access those out of reach areas. As the Foreword explains, there is a learning curve, and the potential for disorientation, as, suddenly, the dissection is inside out and not the traditional converse. All the anatomy we were taught took us through progressively deeper tissue planes, as that was the inevitable approach.

This is a paperback, spirally bound to make it robust, and easily accessible as a surgical/dissection manual. There are nine chapters, each dealing with the applied anatomy and surgical resection in a particular site. I expected an emphasis on oropharyngeal surgery of course, especially for malignancies of the tonsil and tongue base, now so prevalent. There is also coverage of obstructive sleep apnoea correction, something that may transform such work. By Chapter 3, we are already in surprising territory, the parapharyngeal space. This is followed by dissection of retropharyngeal nodes and resection of nasopharyngeal tumours. Supraglottic laryngectomy is now an endoscopic procedure with robotic assistance.

The real surprises came late in the book, with face lift thyroidectomy, transaxillary surgery of the thyroid and parathyroids, and even robotic neck dissection. The advent of endoscopy did allow such distant incision access to the anterior neck, avoiding a scar, and became very popular in South East Asia. The value of robotic arms is all too obvious working through



the legendary ‘letterbox’. It is a sign of the times that, amongst the contraindications carefully spelt out, it is stated that body mass index should be below 40 kg/m<sup>2</sup>! For neck dissection, the cosmetic advantages are well demonstrated, but this is for early stage, non-irradiated disease and may represent new technology seeking extended applications. We can all recall the enthusiasm for the laser, in any surgery, a few decades ago, but common sense did establish its values and limitations, in the end.

There are excellent colour diagrams of the anatomy, with surgical and cadaver photographs. Three videos demonstrate radical tonsillectomy, base of tongue resection and supraglottic laryngectomy, and could convince this ageing otologist that ‘there is nothing to it. Easy’.

This will obviously appeal to head and neck surgeons, whether advanced or trainees, and represents very good value.

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