



Cross infection stops here¹⁻⁵

Protect patients with the sterile barrier-sheath for ENT endoscopy

High level disinfection procedures are not performed properly 40–50% of the time – putting patients at risk of cross-infection. The Slide-On™ EndoSheath™ System is a sterile, latex-free barrier-sheath,² that has been clinically demonstrated to provide more reliable protection against virulent micro-organisms and viruses.¹ Simple to use,³ EndoSheath also helps reduce time-consuming and expensive downtime associated with high-level disinfection procedures, and exposure to potentially toxic high-level disinfectants.^{1,3,4} Call 1800 668 670 for further information.

EndoSheath™
 Medtronic

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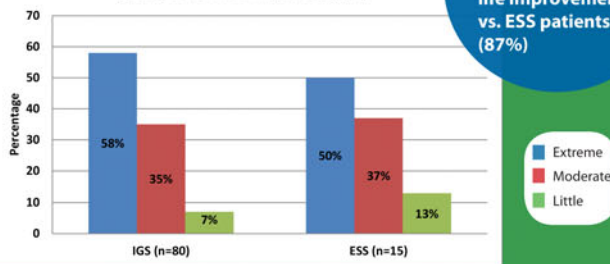
Fusion™

ENT Navigation Solutions can change your surgical outcomes¹



Significantly improved patient quality-of-life outcomes¹

Improvement (%) in overall quality-of-life following sinus surgery¹



93% of IGS patients reported moderate-extreme quality-of-life improvements vs. ESS patients (87%)

Adapted from Javer AR et al. 2006 'A non-randomised prospective study evaluating the effectiveness of endoscopic sinus surgery (ESS) with the use of computer assistance (image-guided surgery (IGS)) compared to without, in 95 patients with chronic rhinosinusitis. A 31-item quality-of-life [Rhinosinusitis Outcome Measures Form (RSOM-31)] was given to patients prior to surgery and 6 months following surgery during a 3-year enrollment period.

Experience greater confidence in challenging surgical cases²

- perform more complete exploration of the paranasal sinuses, particularly when it comes to smaller cells occupying the crevices of the sinus cavities²
- approach difficult sphenoid sinus and ethmoid sinus anatomy with more surgical confidence using computer-guided dissection²
- approach frontal sinus anatomy with greater confidence, particularly in the presence of a false lateral terminal cell²

For further information please contact your local Medtronic ENT representative or contact customer service on 1800 668 670

References:

1. Javer AR et al. Journal of Otolaryngology 2006;35:373-9. 2. Fried MP et al. Laryngoscope 2008;118:1287-92.

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Editorial

Global Perspectives: assessing the impact of new technology: *AS Carney* 1

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Introduction

Content in the following section, and as listed below, was previously published in regular issues of *The Journal of Laryngology & Otology*.

As such, all content and associated bibliographic data (Volume and Issue numbers, page ranges, DOIs, and publication dates) remain unchanged in both print and electronic formats.

All citations should be to the original Volume and Issue of publication (see below list and individual paper details), and not to this Supplement.

Review Articles

Mudry A. The making of a career: Joseph Toynbee's first steps in otology. *J Laryngol Otol* 2012;**126**:2–7.
<http://dx.doi.org/10.1017/S0022215111002465>

McManus LJ, Stringer MD, Dawes PJD. Iatrogenic injury of the chorda tympani: a systematic review. *J Laryngol Otol* 2012;**126**:8–14. <http://dx.doi.org/10.1017/S0022215111002039>

Rimmer J, Giddings CEB, Vaz F, Brooks J, Hopper C. Management of vascular complications of head and neck cancer. *J Laryngol Otol* 2012;**126**:111–115. <http://dx.doi.org/10.1017/S0022215111002416>

Risley J, Manna K, Jones NS. The role of embolisation in ENT: an update. *J Laryngol Otol* 2012;**126**:228–235.
<http://dx.doi.org/10.1017/S0022215111003148>

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Main Articles

Martin TPC, Fox H, Ho E-C, Holder R, Walsh R, Irving RM. Facial nerve outcomes in functional vestibular schwannoma surgery: less than total tumour excision significantly improves results. *J Laryngol Otol* 2012;**126**:120–124.
<http://dx.doi.org/10.1017/S0022215111003124>

Hosamani P, Ananth L, Medikeri SB. Comparative study of efficacy of graft placement with and without anterior tagging in type one tympanoplasty for mucosal-type chronic otitis media. *J Laryngol Otol* 2012;**126**:125–130.
<http://dx.doi.org/10.1017/S0022215111002659>

Short Communication

Moore A, Vijendren A, Rajagopal R, Spraggs P. Optimising endoscopic stapling of pharyngeal pouches. *J Laryngol Otol* 2012;**126**:407–408. <http://dx.doi.org/10.1017/S0022215111003392>

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