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Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

THE VANGUARD

President's Message

By Kristi Gidley, PA-C, MSHA

Thank you to everyone who made the ENT for the PA-C 2022 meeting such a success! For those who were able to join us, I hope you were energized by being with your colleagues from around the country – I know I was. The long hiatus since our last in-person meeting made this extra special. I have missed seeing many of my "ENT Peeps" and it was great catching up and hearing about all the great things you are doing. If you missed this year, please make plans to join us next year March 14-19 in Los Angeles!

We discussed the AAPA's title change decision at the membership meeting held March 18, 2022 and what this means for SPAO. Thank you to our PA members who have participated in the survey regarding our specialty organization name. If you have not done so, there is still time and your opinion matters. The survey can be found here.

We are also working on a 2022 Work Force Survey that we hope to circulate this summer. In preparation, begin collecting data from your practices regarding wRVUs, arrived appointments, etc. The results are only as good as the information we share. Look for more information in the coming months.
Until then, enjoy the remainder of Spring, stay well and please consider volunteering and getting involved!

Best,
Kristi Gidley, PA-C, MSHA

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THE VANGUARD

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UPDATE! Tympanostomy Tubes in Children

Insertion of tympanostomy tubes is the most common ambulatory surgery performed on children in the United States.

Adapted from the February 2022 Supplement to Otolaryngology–Head and Neck Surgery. Read the CPG update at otojournal.org and find all supplemental materials at www.entnet.org/CPGtymp-tubes-update.

Insertion of tympanostomy tubes is the most common ambulatory surgery performed on children in the United States. The original guideline, published in 2013 and now with more than 500 citations, offered the first trustworthy recommendations on tympanostomy tube indications and subsequent research showed excellent adherence by clinicians to guideline recommendations for tube insertion and for watchful waiting to reduce unnecessary surgery. The AAO-HNSF guideline remains the only publication explicitly focused on tympanostomy tube indications and managing children who receive tubes.

"As the number one ambulatory surgery in children in the United States, insertion of tympanostomy (ear) tubes must be informed by trustworthy recommendations based on the best, and most current, research available, which is exactly what the new, fully updated CPG from AAO-HNSF accomplishes," said **Richard M. Rosenfeld, MD, MPH, MBA**, Chair of the Guideline Update Group (GUG). **David E. Tunkel, MD**, served as Assistant Chair and **Seth R. Schwartz, MD, MPH**, served as Methodologist.

The purpose of this CPG update is to reassess and update recommendations in the prior guideline and to provide clinicians evidence-based recommendations on patient selection and surgical indications for managing tympanostomy tubes in children.

"The bottom line is that tympanostomy tubes — inserted in the right child, for the right reason, and managed the right way — can offer children and families extraordinary benefits, which are best achieved by following the superb multidisciplinary guidance in this new update," said Dr. Rosenfeld.

In planning the content of the updated guideline, the GUG affirmed and included all the original key action statements (KASs) based on external review and GUG assessment of the original recommendations. The guideline update was supplemented with new research evidence and expanded profiles that addressed quality improvement and implementation issues. The group also discussed and prioritized the need for new recommendations based on gaps in the initial guideline or new evidence that would warrant and support KASs. The GUG further sought to bring greater coherence to the guideline recommendations by displaying relationships in a new flowchart to facilitate clinical decision making. Last, knowledge gaps were identified to guide future research.

"What is perhaps most exciting about the updated CPG is how it is part of a comprehensive suite of supporting materials that include an Executive Summary for clinicians, Plain Language Summary for patients and consumers, a flowchart that ties together all action statements in a cohesive management plan, an accompanying state-of-the-art review on in-office ear tubes and automated insertion devices, and a dedicated webpage with downloadable education materials for clinicians to use in shared decision-making with patients," said Dr. Rosenfeld.

This update, which includes new evidence from 27 randomized controlled trials, 18 systematic reviews, and six CPGs, is intended for any clinician involved in managing children aged six months to 12 years with tympanostomy tubes or being considered for tympanostomy tubes in any care setting as an

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intervention for otitis media of any type. This applies to all KASs unless otherwise specified.

The target audience includes specialists, primary care clinicians, and allied health professionals, as represented by this multidisciplinary GUG, which comprised the disciplines of otolaryngology-head and neck surgery, otology, pediatrics, audiology, anesthesiology, family medicine, advanced practice nursing, speech-language pathology, and consumer advocacy.

This update will undergo a planned review five years after publication or sooner if new evidence or developments might alter recommendations or suggest a need for additional guidance.

CPG: Tympanostomy Tubes in Children (Update) Key Action Statements (KASs)

The CPG update affirms and includes all the original KASs based on external review and assessment. New recommendations based on gaps or new evidence was also prioritized.

KAS 1: OME OF SHORT DURATION: (recommendation against)
Clinicians should not perform tympanostomy tube insertion in children with a single episode of OME of less than 3 months' duration, from the date of onset (if known) or from the date of diagnosis (if onset is unknown).

KAS 2: HEARING EVALUATION (recommendation)
Clinicians should obtain a hearing evaluation if OME persists for 3 months or longer OR prior to surgery when a child becomes a candidate for tympanostomy tube insertion.

KAS 3: CHRONIC BILATERAL OME WITH HEARING DIFFICULTY (recommendation)
Clinicians should offer bilateral tympanostomy tube insertion to children with bilateral OME for 3 months or longer AND documented hearing difficulties.

KAS 4: CHRONIC OME WITH SYMPTOMS (option)
Clinicians may perform tympanostomy tube insertion in children with unilateral or bilateral OME for 3 months or longer (chronic OME) AND symptoms that are likely attributable, all or in part, to OME that include, but are not limited to, balance (vestibular) problems, poor school performance, behavioral problems, ear discomfort, or reduced quality of life.

KAS 5: SURVEILLANCE OF CHRONIC OME (recommendation)
Clinicians should reevaluate, at 3- to 6-month intervals, children with chronic OME who do not receive tympanostomy tubes, until the effusion is no longer present, significant hearing loss is detected, or structural abnormalities of the tympanic membrane or middle ear are suspected.

KAS 6: RECURRENT AOM WITHOUT MEE (recommendation against)
Clinicians should not perform tympanostomy tube insertion in children with recurrent AOM who do not have MEE in either ear at the time of assessment for tube candidacy.

KAS 7: RECURRENT AOM WITH MEE (recommendation)
Clinicians should offer bilateral tympanostomy tube insertion in children with recurrent AOM who have unilateral or bilateral MEE at the time of assessment for tube candidacy.

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CPG: Tympanostomy Tubes in Children (Update) Key Action Statements (KASs) *(continued)*

KAS 8: AT-RISK CHILDREN (recommendation)
Clinicians should determine if a child with recurrent AOM or with OME of any duration is at increased risk for speech, language, or learning problems from otitis media because of baseline sensory, physical, cognitive, or behavioral factors.

KAS 9: TYMPANOSTOMY TUBES AND AT-RISK CHILDREN (recommendation)
Clinicians may perform tympanostomy tube insertion in at-risk children with unilateral or bilateral OME that is likely to persist as reflected by a type B (flat) tympanogram or a documented effusion for 3 months or longer.

KAS 10: LONG-TERM TUBES (recommendation against)
The clinician should not place long-term tubes as initial surgery for children who meet criteria for tube insertion unless there is a specific reason based on an anticipated need for prolonged middle ear ventilation beyond that of a short-term tube.

KAS 11: ADJUVANT ADENOIDECTOMY (option)
Clinicians may perform adenoidectomy as an adjunct to tympanostomy tube insertion for children with symptoms directly related to the adenoids (adenoid infection or nasal obstruction) OR in children aged 4 years or older to potentially reduce future incidence of recurrent otitis media or the need for repeat tube insertion.

KAS 12: PERIOPERATIVE EDUCATION (recommendation)
In the perioperative period, clinicians should educate caregivers of children with tympanostomy tubes regarding the expected duration of tube function, recommended follow up schedule, and detection of complications.

KAS13: PERIOPERATIVE EAR DROPS (recommendation against)

Clinicians should not routinely prescribe postoperative antibiotic ear drops after tympanostomy tube placement.

KAS 14: ACUTE TYMPANOSTOMY TUBE OTORRHEA (strong recommendation)
Clinicians should prescribe topical antibiotic ear drops only, without oral antibiotics, for children with uncomplicated acute tympanostomy tube otorrhea.

KAS 15: WATER PRECAUTIONS (recommendation against)
Clinicians should not encourage routine, prophylactic water precautions (use of earplugs or headbands, avoidance of swimming or water sports) for children with tympanostomy tubes.

KAS 16: FOLLOW-UP (strong recommendation)
The surgeon or designee should examine the ears of a child within 3 months of tympanostomy tube insertion AND should educate families regarding the need for routine, periodic follow-up to examine the ears until the tubes extrude.

In developing this update, the methods listed in the AAO-HNSF "Clinical Practice Guideline Development Manual, Third Edition" were followed explicitly. https://journals.sagepub.com/doi/full/10.1177/0194599812467004

The full guideline and other resources are available at www.entnet.org/CPGtymp-tubes-update and in *Otolaryngology–Head and Neck Surgery* as published at otojournal.org

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CPG: Tympanostomy Tubes in Children (Update) Key Action Statements (KASs) *(continued)*

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Disclaimer:

The clinical practice guideline is provided for information and educational purposes only. It is not intended as a sole source of guidance in managing children with tympanostomy tubes or being considered for tympanostomy tubes. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to diagnosing and managing this program of care. As medical knowledge expands and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions but are not absolute. Guidelines are not mandates; these do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNSF emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.

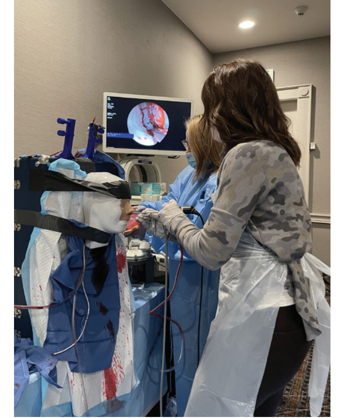
2022 ENT for the PA-C CME Conference

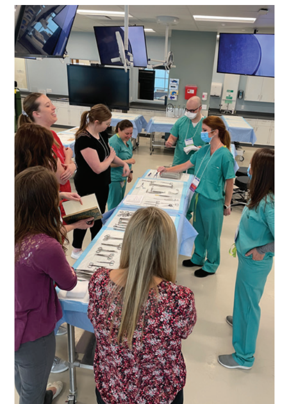
The annual ENT for the PA-C conference was held in Denver, Colorado this year. In addition to core and advanced track sessions that attendees look forward to every year, there were a wide variety of hands-on workshops to choose from.

Attendees who took their skill set to the next level share their experiences.

The information covered at the workshops were very high-yield and practical for day-to-day clinical work. They serve as great opportunities for APPs to share ideas, skills and techniques with one another. One of our proctors reminded the attendees that the workshops were a safe place for us to learn, make mistakes and ask questions. I completely agree with that statement. Learning how to do nasal packing on a mannequin sure was much less daunting and intimidating than on a nervous patient! *~ Dorothy Tseng Yip, PA-C*

After practicing for 1 year in otolaryngology, I attended my first ever conference at the "ENT for the PA-C" conference in Denver. Not only did I gain valuable new practice guidelines and up to date recommendations for specialized ENT diagnoses and treatments, but I was able to learn procedures that will allow me to further my role at my job. I have always wanted to have an opportunity to practice advanced scoping, myringotomy and tube insertion in a controlled environment. At this conference, I was able to safely practice these procedures and as a result will feel much more prepared when it's time to execute them in real life. I also made new friends and connections with practitioners across the country that I will always have as resources (and maybe a guest room to sleep in!) moving forward. *~ Jacqueline White, PA-C*





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Mark Your Calendar!

ENT for the PA-C 2023 will be held in Los Angeles, California.

Next year's meeting as always, will have something for everyone, no matter where you may be at in your career or type of practice you come from. There is value in gathering with colleagues to stay up to date on the latest and greatest in our field.

Join us in Los Angeles 2023

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