

**American Society of Pediatric Otolaryngology (ASPO)
Message from the President, Anna Messner, MD**

March 23, 2020

(permission to share granted by Dr. Messner)



**AMERICAN SOCIETY OF
PEDIATRIC OTOLARYNGOLOGY**

Dear ASPO Members:

Clearly we are living through an extraordinary time. I've decided that the quickest way to instantly quadruple the number of emails, texts and meetings is to have a pandemic. At ASPO we have been working with the rest of our COSM sister societies to manage the now canceled spring meeting with a minimum of financial impact to the groups.

Within pediatric otolaryngology there are many people reaching out and sharing ideas/protocols/concerns/frustrations. ASPO is working to set up an online resource through our website for all our members with information about protocols etc. This is a difficult process because there are no randomized, controlled trials and no "Best practices"- we are all making the best decisions we can and working hard to weigh the safety of our patients/staff/physicians with the need to provide care and preserve PPE. (Who knew a week ago that N95 masks were in such short supply? And who even knew what a PAPR was? (I certainly did not...))

A few key issues at present in the field of pediatric otolaryngology:

1. **Surgical cases:** We have all been asked to postpone elective cases- the debate centers around the issue of the definition of "urgent" cases and this appears to vary between institutions. The COVID-19 virus is spread via nasal and oral secretions. Reports from other institutions indicate that the risk of virus spread is high with sinus surgery and should be avoided. We need to presume that the risk is also high with adenoid and tonsil surgery and nearly all institutions have concluded that these cases should not be performed unless there are extraordinary indications. What about ear tubes? Most institutions are canceling all ear tube cases while others are proceeding with ear tubes in the young children with raging infections in an effort to keep the kids out of their pediatrician's offices and prevent complications. The risks of a short mask anesthesia (with aerosolization of secretions) in a young child are not known at this time. Eventually, I have no doubt that we will get to a place where we can test patients pre-op to see if they are COVID-19 virus positive (as they are doing in S. Korea)- hopefully this will be sooner rather than later.

2. Flexible laryngoscopy, nasal endoscopy. It is clear that these procedures are “high risk” for spreading the virus and should be avoided whenever possible. When they need to be performed it is clear that we and any other medical personnel in the room should wear gown, gloves, eye protection and mask. Nasal pledgets should be used for topical anesthesia instead of sprays. At some institutions the debate is whether a surgical mask is adequate versus an N-95. We definitely know that the virus is in the nasal and oral secretions of asymptomatic children and so an N95 should be the standard of care. Again, we look forward to the day when we can routinely do pre-procedure testing.
3. Telephone/teleconference patient visits. I have no doubt that in hindsight one day we will look back on this pandemic as the true birth of video visits. The good news (always need to look for the silver lining) is that federal and state rules re visits are being relaxed so that now we can use non-HIPAA compliant platforms such as facetime and we can now bill for telephone visits. Many of our institutions are rapidly pushing out protocols and platforms for us to utilize so that we can continue caring for our patients.

What ASPO will do going forward:

1. We are gathering information from our international colleagues through the International Pediatric Otolaryngology Group (IPOG) regarding their experiences with pediatric otolaryngology patients during this time. We will distribute this information- hopefully within the next week.
2. We are working with the ACS to find a way to share insights re practices/protocols through our website. More on this soon. If you have something you would like to post on the website please send to the ASPO@FACS.org
3. We are collaborating with other OHNS organizations wherever possible to determine best practices for all of us in this tumultuous time.

Here are just a few resources for our members:

1. <https://coronavirus.jhu.edu/map.html>
2. Keeping healthcare workers safe: <https://www.newyorker.com/news/news-desk/keeping-the-coronavirus-from-infecting-health-care-workers>
3. CDC recommendations on how to extend the life of N95 masks: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
4. Stanford Covid-19 town hall:

Available Streaming Online via ZOOM – please share if you wish

https://stanford.zoom.us/rec/share/4o9bIJTU8F1LZIXKzHzPRqMHAdvLeaa80CcZqfdbnR0cInG_taBOr68Z2TMwNU-2 Download 480p (1.1 GB)
<https://stanfordmedicine.box.com/s/unke9g5plldmp09yeyiq2ggkif100qq>

5. COVID-19 shedding in symptomatic vs asymptomatic patients. https://urldefense.proofpoint.com/v2/url?u=https-3A_www.nejm.org_doi_full_10.1056_NEJMc2001737-3Fquery-3DTOC&d=DwIFAg&c=ZQs-KZ8oxEw0p81sqgiaRA&r=YVK9ucsKVuhN_CL0I7G0tQ&m=r7WxtCuTNeLrIrbVzHvJor3oM7oncxVt3z2I6CQHxs&s=jsJ6Lr1dr1Lajp392mIRsw5U2fpn4cKFsGNTaEOs-k&e=
6. Easy way to contact patients with your cellphone without revealing your number:
 - a. <https://www.doximity.com/app>
7. OTO makes the NYT
<https://www.nytimes.com/2020/03/22/health/coronavirus-symptoms-smell-taste.html>

STAY SAFE EVERYONE!

Anna Messner, MD

ASPO President