

MODULE 5

Head & Neck

HEAD & NECK

15.02.05

Preamble - Objectives and Outcomes

ALSO SEE [OVERALL PREAMBLE](#) (hypertext link on webpage)

At the time of presentation to the Final Fellowship Examination in Plastic & Reconstructive Surgery the candidate should be aware of the surgical oncology of tumours of the head and neck including management of these and methods of reconstruction. In this module, particularly important aspects are the pathology and behaviour of tumours of the head and neck, reconstruction after ablative surgery in the head and neck and aspects of working in a multidisciplinary environment. Candidates who are particularly interested in head and neck surgery should proceed to a Head & Neck Fellow appointment within an accredited unit.

Resources

Trainees should attend multidisciplinary head and neck clinics at every opportunity and participate in head and neck operations and perioperative care. In particular, participation and training in reconstructive procedures in the head and neck is necessary.

Recommended Reading

Achauer, Volumes 1-5, as appropriate

Suggested Reading

A working knowledge of the literature as it applies to the head and neck in PRS, BJPS, Annals of Plastic Surgery and the Journal of Head & Neck Surgery

Delivery of this Module

The trainee should be able to learn the material in this module by attendance at clinics, in the operating room, at ward rounds and by looking after perioperative patients. The annual Registrars' Course is a necessary part of exposure in this area and, in addition where possible, flap courses and the head and neck section of the RACS ASC and the annual meeting of the Head & Neck Society would be worthwhile educational events.

Assessment Methods Used for this Module

- Consultant assessments and mentor reports throughout training
- Reports from the Supervisors of surgical training in their region
- Logbook
- Final Fellowship Examination in Plastic & Reconstructive Surgery

Coding Used:

A = Aesthetic

C = Congenital and Paediatric

I = Inflammatory and Infection

N = Neoplastic & Tumours

D = Degenerative Conditions

P = Procedures and Techniques

T = Trauma

The levels of knowledge required are as follows:

Revisional Knowledge - Much of the basics in this will have already been covered in the Plastic & Reconstructive Surgical Science and Principles Examination. Trainees are required to be able to analyse and apply appropriately the science and principles of the following in clinical environments:

Anatomy:

- Useful vascular axes and pedicles in the head and neck
- Clinical and surgical anatomy of the head and neck
- Surgical exposures eg maxilla, pterygoid space, infratemporal fossa (P)
- Of neck dissections (P)
- Of parotidectomy (P)

Pathology:

- Tumours of the head and neck, clinical behaviour (N)

Core Knowledge - A detailed knowledge will be expected in these areas. All trainees are required to be able to diagnose, plan, perform effectively and manage:

- Clinical examination of the head and neck
- Benign mucosal disease (N)
- Premalignant mucosal disease (N)
- Cancer-associated mucosal disease (N)
- Oral cancers * (N)
- Pharyngeal cancers * (N)
- Skin cancers * (N)
- Salivary tumours * (N)
- * In the above four groups of tumours a knowledge of prognostic factors, pathology and clinical behaviours, classification, staging and imaging and investigations, is required.
- Secondary tumours of the head – likely primary sites (N)
- Management of the above tumours and of the neck in detail (margins, jaw resections, marginal, segmental), neck dissections – types and techniques (P)
- Radiation effect on tissues – early and late
- Management of osteoradionecrosis
- Place of endoscopy, ultrasound, CT, MRI, PET
- Place of radiation therapy, chemotherapy, surgery, and timing of combined treatments
- Place of multidisciplinary assessment and treatment
- Reconstructive techniques in head and neck cancers including local flaps, regional flaps, distant flaps, free flaps and composite flaps with bone reconstruction (P)
- Management of facial paralysis resulting from tumour surgery (P)
- Options, methods and anatomy of each surgical technique (P)
- Head and neck prosthetics and rehabilitation
- Follow up protocols
- Infections of the head and neck: (I)
 - Organisms
 - Anatomical spaces of relevance
 - Dangers
 - Management

Outline Knowledge - In this area the principles are required, but not a detailed knowledge such that the candidate would be in a position to manage the condition alone. Therefore, trainees are expected to be able to discuss the outline of management of:

- Larynx cancer * (N)
- Oesophageal cancer * (N)
- Thyroid cancer * (N)
- Nasopharyngeal cancer * (N)
- Uncommon tumours * (N)
eg carotid body tumours, sarcomas
- * An outline knowledge is required of the pathology, assessment and management in these areas
- Technique of and indications for head and neck endoscopy (P)