

Too Late to Ignore

Case journeys in advanced head, neck and skull base surgery, told from an operating theatre in North India

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SAMPLE · DRAFT 1

ABOUT THIS BOOK

The patients who came late, and what their operations teach

Most surgical atlases show the textbook case. This book shows the other one: the cancer that was ignored, deferred from centre to centre, or left behind after chemoradiation, and the operation that followed.

Every chapter is one real patient from my practice, built from the frames of my own operative videos and photographs. The reconstructions are the ones a district surgeon can reach for: the pectoralis major flap, the submental and nasolabial flaps, the buccal fat pad, the gastric pull-up with a general surgeon beside you. Where an operation did not go to plan, the chapter says so.

The book is written for surgeons in training and in practice across India, South Asia and Africa, where late presentation is the daily reality, and for the families who want to understand what their surgeon is proposing.

1 · How they came
Presentation and the reason it was late. No face, no name.

2 · The decision
Imaging, the options on the table, and why this operation.

3 · The operation
Step-by-step frames from the operative video, in the surgeon's own labels.

4 · Reconstruction
What filled the defect, and why, with what was available.

5 · What happened
The outcome, and the patient's own words, with consent.

6 · Differently
The honest lesson, including setbacks.

All images are from the author's own cases. Patient consent taken. Faces, names and identifiers are removed or cropped. Labels inside frames are the author's own, as originally recorded.

PROPOSED CONTENTS · BUILT FROM YOUR OWN VIDEOS

Forty-two journeys in six parts

Source codes: SP = Surgical Perspective frames on your Mac (video number); GN = GeNext channel; D = Drive photo set (date).

I · LARYNX AND PHARYNX

1	Bloodless total laryngectomy	SP-01
2	Supracricoid laryngectomy with crico-hyoidopexy	SP-44 · GN
3	Near-total laryngectomy: keeping a voice	GN
4	Total laryngectomy with near-total pharyngectomy	SP-46
5	The neopharynx: Connell suture closure	SP-33
6	When the pharynx will not close: PMMC neopharynx	SP-36
7	**Post-cricoid cancer after chemoradiation: gastric pull-up**	**SP-05 · this sample**
8	Posterior pharyngeal wall through lateral pharyngotomy	SP-56
9	Completion laryngectomy, and the stoma that recurred	GN

II · ORAL CAVITY: THE PMMC YEARS

10	T4N2b retromolar trigone: composite bite resection	SP-00
11	Total glossectomy and the PMMC	GN
12	Dual PMMC with scalp flap after failed chemoradiation	GN
13	Lower alveolus: segmental mandibulectomy, submental island	SP-04
14	Buccal mucosa T2N0: submandibular gland flap	SP-06
15	The submental artery island flap	SP-43
16	The nasolabial flap	SP-32
17	Lip-split access to the composite oral tumour	D 2023-01-30

III · THE NECK

18	Carotid delineation in radical neck dissection	SP-07
19	Nodal mass with IJV sleeve resection	SP-34
20	Post-chemoradiation nodal recurrence: salvage	GN
21	Chyle leak, recognised and repaired	SP-10 · SP-11
22	The anatomical neck: a dissection to teach from	SP-42

IV · THYROID AND AIRWAY

23	Invasive papillary carcinoma: larynx, trachea, oesophagus, carotid	GN
24	Medullary carcinoma: central and bilateral neck	SP-30 · GN
25	Tracheal stenosis: crico-tracheal resection and anastomosis	SP-47 · D 2024-01-13
26	Partial cricotracheal resection	SP-38
27	Revision tracheal resection beside a grafted carotid	GN
28	Tracheostomaplasty	SP-48
29	Giant parathyroid adenoma	SP-37

V · SALIVARY GLANDS AND SKIN

30	Mucoepidermoid carcinoma invading nerve and skin: radical parotidectomy	SP-31
31	Facial skin cancers and local flaps	GN · D 2023-07-28

VI · SKULL BASE: ANTERIOR AND LATERAL

32	Transnasal endoscopic anterior craniofacial resection	SP-50
33	Extended maxillectomy for sinonasal malignancy	SP-22
34	Juvenile angiofibroma	SP-28
35	Draf III: the transfrontal approach	SP-49
36	Encephalocele and traumatic CSF leak	SP-15 · SP-51
37	Pituitary macroadenoma, primary and revision	SP-40 · SP-41
38	Petrous apex cholesterol granuloma	SP-09
39	External auditory canal cancer: lateral temporal bone resection	SP-13 · GN
40	Glomus jugulotympanicum and facial nerve grafting	SP-24 · SP-25
41	Synchronous glomus and carotid body tumour	SP-45
42	The internal carotid in lateral skull base tumours	SP-54

What is ready. Frames from 58 of your operative videos and about 4,400 Drive photos and frames are already on your Mac, with 932 rated for quality. Each case above has its operative sequence in hand. What each chapter still needs from you is the part only you can write: why the patient came late, what you decided, and what happened after.



07

The fourth opinion

Carcinoma of the post-cricoid region · residual locoregional disease after chemoradiation · deferred from multiple centres

Total laryngopharyngo-oesophagectomy, total thyroidectomy, bilateral neck dissection (left radical, right selective), gastric pull-up

PART I · LARYNX AND PHARYNX

1 · HOW HE CAME

Chemoradiation was done. The disease was not.

The patient reached us with a tracheostomy already in place and residual disease in the post-cricoid region and neck after chemoradiation. Several centres had seen him before us and deferred surgery.

AUTHOR'S VOICE · TO WRITE

- How long since chemoradiation, and what he had been told
- Why the earlier centres deferred
- What he and his family said at the first visit



7.1 Post-chemoradiation status at presentation: tracheostomy in situ.
Video 0:17

2 · THE DECISION

Remove the whole pharyngo-oesophageal segment, and bring the stomach up to meet it

Carcinoma post-cricoid region. Post chemoradiation. Residual locoregional disease, deferred from multiple centres.

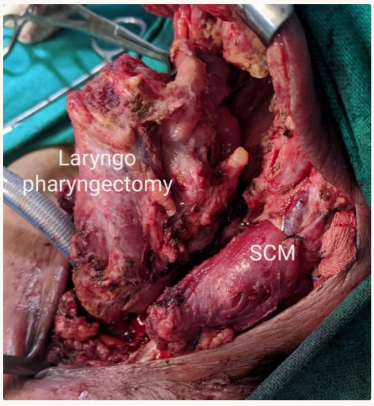
Total laryngopharyngo-oesophagectomy and bilateral neck dissection (left radical and right selective) was done. The defect was reconstructed with a gastric pull-up.

From the author's case slide, as presented in the operative video.

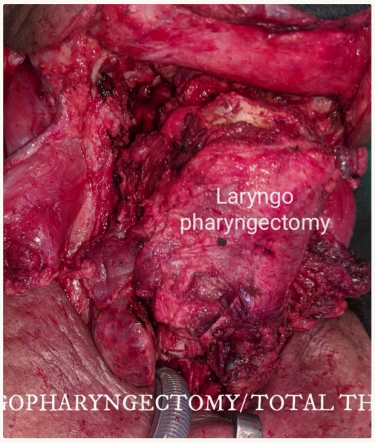
AUTHOR'S VOICE · TO WRITE

- What the imaging showed, and the lower limit of disease
- Why gastric pull-up over a free jejunum or a tubed flap here
- Working with the GI surgeon: who did what, and the counselling before consent

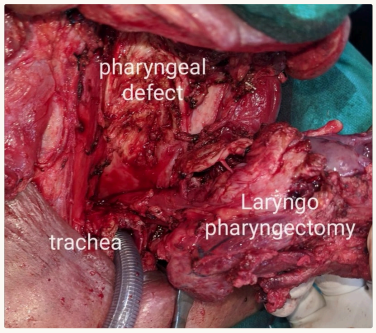
Extirpation



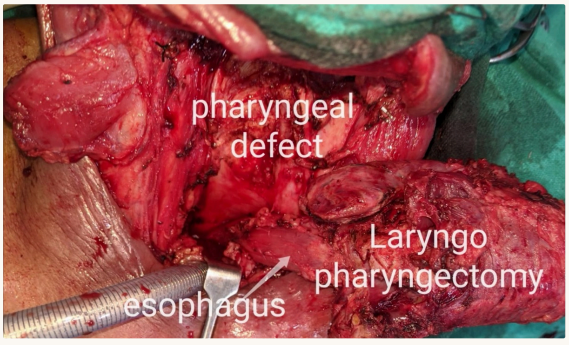
7.2 Laryngopharyngectomy mobilised; sternocleidomastoid retracted.
0:22



7.3 Total laryngopharyngectomy with total thyroidectomy.
0:28



7.4 Pharyngeal defect above, trachea below.
0:33



7.5 Pharyngeal defect, oesophagus and the laryngopharyngectomy specimen.
0:38

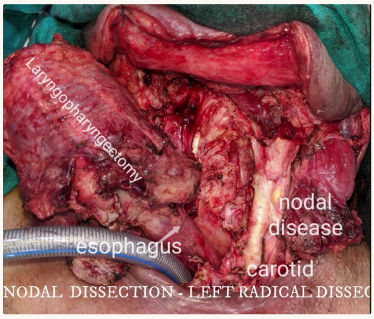


7.6 The same field from a lower angle.
0:43

AUTHOR'S VOICE · TO WRITE

- The step you watch most closely here, and why

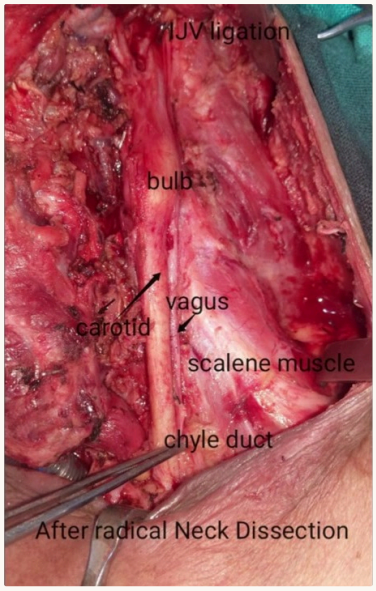
The neck



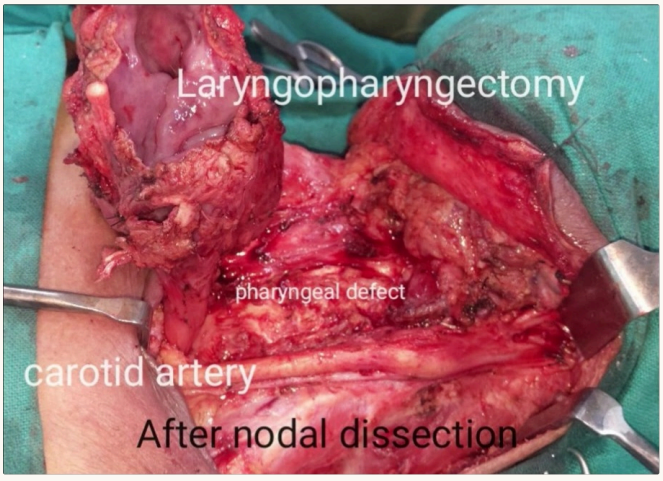
7.7 Left radical neck dissection: nodal disease against the carotid.
0:53



7.8 Carotid artery cleared during the left radical dissection.
1:03



7.9 After radical neck dissection, structures labelled on the frame.
1:08

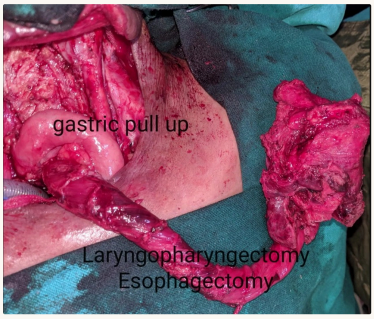


7.10 After nodal dissection: carotid artery and pharyngeal defect, specimen still attached.
1:13

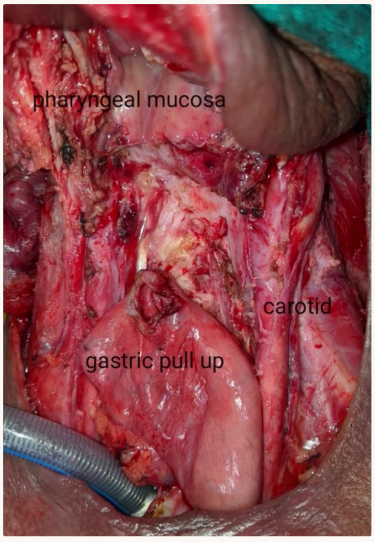
> **"Residual disease after chemoradiation is not the end of the road. It is a different operation."**

Pull quote placeholder: replace with the author's own line.

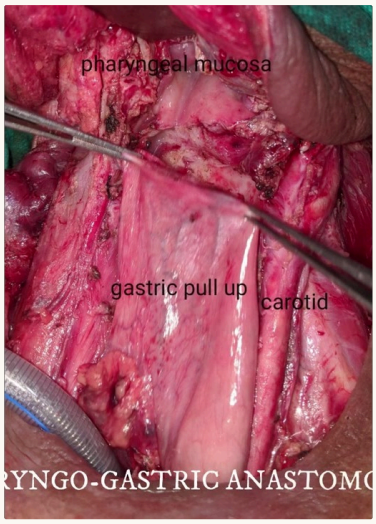
The stomach comes to the neck



7.11 Gastric pull-up delivered into the neck.
1:19



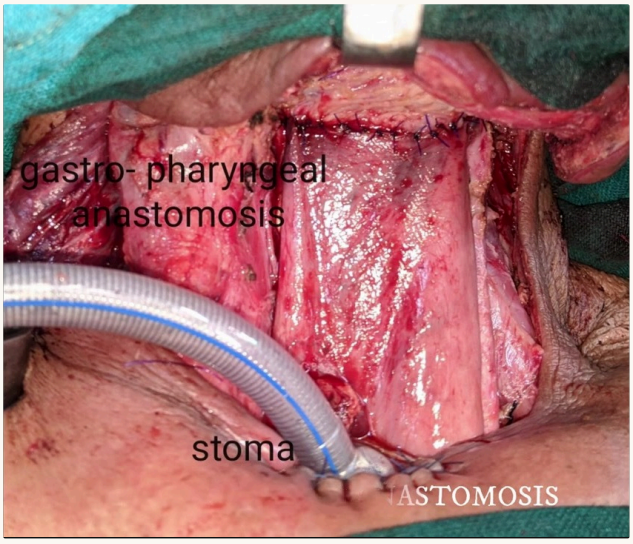
7.12 Pharyngeal mucosa, gastric pull-up and carotid before the anastomosis.
1:29



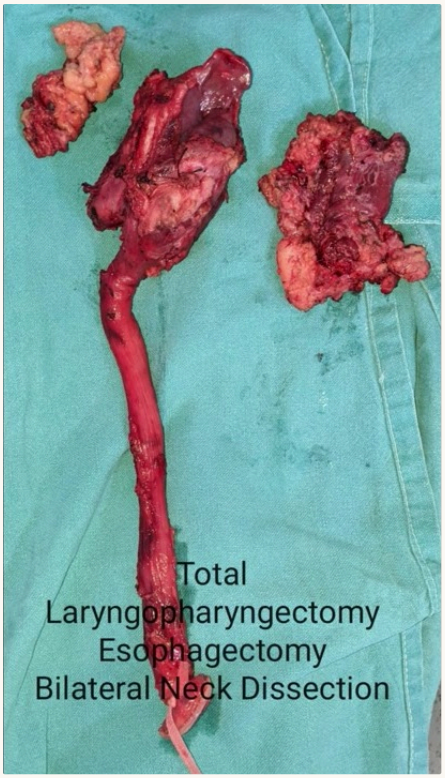
7.13 Pharyngo-gastric anastomosis.
1:39



7.14 Gastro-pharyngeal anastomosis completed.
1:49



7.15 Final field: gastro-pharyngeal anastomosis above, tracheostoma below.
1:54



7.16 Specimen: total laryngopharyngo-oesophagectomy with bilateral neck dissection.
1:24

5 · WHAT HAPPENED

After

AUTHOR'S VOICE · TO WRITE

- The first days: leak watch, feeding, the stoma
- Histopathology and margins
- Follow-up, swallowing, speech rehabilitation
- The patient's own words, translated (consent taken)

6 · WHAT I WOULD DO DIFFERENTLY

AUTHOR'S VOICE · TO WRITE

- One decision you would change, or keep and defend
- What the deferring centres could have done earlier

Operating team: Dr Bhushan Kathuria, Head & Neck Oncosurgeon, with Dr Anand Kumar Yadav, GI Surgeon. Department of Surgical Oncology, Kainos Hospital, as credited in the operative video. Frames from the author's video “Ca Post Cricoid: Total Laryngo-Pharyngo-Oesophagectomy, Neck Dissection, Gastric Pull Up”. Patient consent taken; no face or identifier shown.