

# Mayo Clinic Podcast - Dr. Devyani Lal - YouTube Caption - 2 ...

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## SUMMARY KEYWORDS

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## SPEAKERS

Narrator, Dr. Devyani Lal, Dr. Kakar

**Narrator** 00:01

Coming up on Mayo Clinic Q&A:

**Dr. Devyani Lal** 00:04

This disease is something that has really taught us to be nimble.

**Narrator** 00:07

As the COVID-19 pandemic continues, is it safe for patients to have surgeries? An ear, nose, and throat surgeon discusses Mayo Clinic's updated safety procedures in the operating room.

**Dr. Devyani Lal** 00:17

I just wanted to share with everyone who is listening, that you are safe at Mayo Clinic. The protocols that we've adopted have kept our patients safe, our staff safe. Please do not delay your healthcare.

**Dr. Kakar** 00:31

Welcome everyone to Mayo Clinic Q&A. I'm Dr. Sanjay Kakar. Over the past year, health care workers have gone to many measures to protect themselves and their patients from the spread of COVID-19. The virus is spread through respiratory droplets, and so personal protective equipment to cover the eyes, nose, and throat are critical. But what if the patient needs treatment in those areas? Otolaryngology head and neck surgery is the medical specialty that treats disorders of the ears, nose, and throat. Given how the virus is spread, how have ENT departments navigated COVID-19? Joining us to discuss this today is Dr. Devyani Lal, ENT skull based surgery at Mayo Clinic in Arizona. Dr. Lal welcome to the program.

**Dr. Devyani Lal** 01:14

Thank you, Dr. Kakar. It's my honor to be here and share some of our experiences with our patients and a broader audience.

**Dr. Kakar 01:23**

So the ears, nose and throat, I mean, they are complicated anatomical areas in the body, and you are a specialist of all three. So can you tell us, what are sort of the common things that you see as an ENT surgeon?

**Dr. Devyani Lal 01:37**

Absolutely. So our discipline as you just mentioned, is called otolaryngology head neck surgery. So, folks, your ENTs are trained in diseases and disorders of the ears. That includes hearing loss, tumors that arise in the nerve of hearing and extends into the brain. The nasal part is what I focus my practice on and as a tertiary care rhinologist at Mayo Clinic. And that entails treating all sorts of inflammatory infectious conditions of the nose and the sinuses such as chronic sinusitis, lots of tumors, cancers of the nose. And certainly we utilize the nose as a route to get brain tumors out through the nose and the sinus, and that part is called endoscopic endonasal skull based procedures. Some of the common ones we take care of are pituitary tumors. There are some uncommon tumors like meningiomas, chordomas, and certainly cancers of the nose in the sinuses are something that we take care of in my department as well. The throat part entails common procedures that are done in the community hospitals, in a very straightforward fashion. Those include tonsils, adenoids, a lot tubes for ears. Putting tubes in the ears are one of the most common procedures in the United States. And then our throat doctors also take care of cancers of the throat. They also take care of voice problems. So for example, if a singer has an acute vocal cord injury, or if there are polyps or nodules in teachers or folks that have to use their voice a lot, professionally. And then we also have head/neck surgeons. These head/neck surgeons treat cancers that arise from thyroid, parathyroid glands. They will take care of cancers that spread into the nose, from the nose, or from the throat to the neck. And that includes laryngeal cancers, pharyngeal cancers. One of the cancers we've seen a dramatic rise in are base of tongue cancers that are associated with the human papilloma virus. And our department here at Mayo Clinic has certain unique capability in treating those. Additionally, some of our head/neck surgeons are also reconstructive surgeons, meaning that when we take out cancers, because of what you alluded to, the facial structure is the means of communication. We also use the organs that are present in a head and neck area to communicate, talk, smell, eat. And so, those require not just cosmetic reconstruction but also functional reconstruction. So, we have some of our sub specialists that actually do reconstructive surgery for that. And lastly, but not least, we have facial reconstructive surgeons that not only take care of cosmetic problems, but also reconstructive surgery that might be required after skin cancer removals. Or for example, if I have a nasal cancer patient where the cancer extrudes into the outer surfaces, we will work with a reconstructive surgeon to help with that. So that's a brief overview of what your ENT might do. And obviously some of these are highly sub specialized, and my colleagues that I work with have undertaken further training for about one or two years, and sub specialize in certain domains.

**Dr. Kakar 05:09**

Well, things have certainly progressed since when I was at medical school. But one thing I wanted to ask you is, as you know, at Mayo Clinic, when we safely see our patients, we are wearing face masks, maybe face shields and eyewear. But in your specialty, a lot of the disorders, as you alluded to, involve

the face, the throat, where there's respiratory droplets. And so with COVID-19, how have you adapted your practice to safely care for patients, and also take care of yourself?

**Dr. Devyani Lal** 05:39

That's an excellent question. And so, maybe I'll first go into history. And so, when the pandemic was recognized to break out in the US, there were some guidelines that came down from our CDC and healthcare institutions. And we put a brake on our practice to what was considered at a time elective. And elective is a loosely defined term to say can this patient's care wait for more than four weeks or so without any significant harm, or long term issues for the patient. And so we put on the brakes for a couple of weeks in March. And as you know, that pandemic evolved in different geographical locations in a different fashion. And, that two week pause did give us time to regroup. There was some early data that was coming out of China about an increasing number of deaths in ENT surgeons, particularly those who had done endonasal procedures, like what I undertake. And the concern was that when we do these procedures, we also use a lot of motorized instruments like drills and cutters, etc., that were spewing out aerosols, and that could be dangerous to health care providers that were involved in this care. We rapidly recognized that through personal communications from physicians in China that had visited our department. Also from other colleagues within the United States, and what we did was quickly pivot to procure equipment that we thought would safely protect our staff. We knew that N95 masks we're going to be in short supply. And certainly, we didn't want to stand in the way of frontline workers, like ER physicians like yourself that actually had to deal with COVID positive patients. We actually were able to work with the Occupational Health Department and our supply chain, and we secured a line of reusable PPE and we were conservative. We worked with our supply chain to figure out what would happen if we were to see patients that potentially could have COVID, or could have suspected COVID, and how we could safely clean the room, how we could turn over the air, and you know, increase the air exchange in the rooms, not only in the operating room, but in the clinic. So a lot of work went on in the next couple of weeks to fortify our physical space, educate the staff, and that included not just physicians, residents, but also each and every person in the department, the front desks that help take care of these patients. And we came to a consensus through work done by our patient practices committee, the hospital practices committee, the surgical practices committee. And what was really helpful in this was a healthy and open dialogue and communication that occurred between all layers of individuals that were participating in patient care. Once we did that, we also had to take care of patients. And regardless of what was going on, we always had small supply of PPE that we knew we could always utilize for patients that needed urgent care. So, we really never stopped completely taking care of patients, as I alluded to, we have a lot of patients that require care for cancers. We also take care of patients that have breathing problems, and some of them require tracheostomies and other interventions. And that can't wait. As that requirement also extended to patients with COVID, because patients with COVID have respiratory difficulties. And initially, the stay in the ICU was a lot longer because we had no idea what were the best courses in treatment. And so, I'm considered a senior in my department, I guess that goes with that title of Professor but, I am a little bit older than some of my colleagues who have just joined recently. They were very, very generous and they said, Hey you old folks, you stay away. You know, we don't know what's going to happen to you if you get COVID, and so we're going to do the tracheostomy and care of these patients. So they worked with our ICU team to extend their care to patients who required either examination of nosebleeds, tracheostomy patients, etc. My area of expertise is in the nose and the nasopharynx and the sinuses,

and the highest concentration of the virus is suspected to be in that nasopharynx. So that came with its own challenges. And certainly no one that was COVID positive did not get treatment. But no one in our department of ENT here in Arizona was ever COVID positive from the care of patients. So, I think that the institution did a great job in not just equipment, but buy in, education, etc. So we were safe. The other thing we did was not only enhance safety in the physical space, we obviously enforced strict social distancing. And everyone, as I talked to our maintenance department put in signs and decals to space, people apart. Sofas were roped off so that people would not sit in them. And then our scheduling department evolved into a protocol where patients wait in the car so that they didn't unnecessarily have to come in until it was time to room them. All patients that come in to ENT, and this is a decision we made early on, we decided to screen them not just by symptomatology, but also to screen them by testing for COVID-19. And I have to say that I'm truly blessed to be part of an organization that was able to get ahead and get testing done. Because initially, in the course of the pandemic testing was a big problem. Not only was testing available, but as we found out later on, the quality of the test was very, very good. So we had very good specificity and sensitivity, meaning that if a patient had COVID, we were able to diagnose them. But also the number of patients that did have COVID, we didn't see a trend where they got a negative test and then later tested positive. So all the patients got tested before they came in. And so that when we were examining their throats or noses, etc, where the virus has a high viral load, we really didn't impact the other people outside of people who were wearing PPE. That includes people who were sitting in the communal areas, and were not exposed to that. And that's something, that's a protocol we follow to the day and work with that. I tell my patients, I said don't delay your care. We have safe protocols, and this far down in the pandemic, we've got it down to a science, almost to a fault. And I am not aware of any patient that has contracted COVID by coming to the hospital. But I have seen several patients where care was delayed, either due to unavailability of care in the community as lockdowns ensued, and there was poor supply of PPE, but also fear of getting it in the hospital. So, I've taken care of a lot of advanced cancers, I've taken care of lots of advanced infections, and it breaks my heart to see these patients. And from what I understand of the trajectory of this pandemic, this disease is likely to become endemic, meaning that it will be part of a community. For the next four or five years, we'll probably have to learn new ways to mitigate and deal with this. This is not a disease that's going to go away. The current vaccines that we've deployed in the United States appear to be very effective not only to the original strains of COVID, but also to some of the new strains that have come from other continents. And I would encourage everyone that can have vaccination to get it when the chance comes, but please don't delay your health care.

**Dr. Kakar** 14:02

Yeah, no, absolutely. Well, I would say, Dr. Lal, number one you are still very young. And number two, you know, I'm glad that you mentioned about the testing, because just thinking about all the precautions that we do in terms of social distancing, etc. But even when you have to examine a patient, your specialty, as you said, you have to get very close to the areas where the virus load is high. So I did not know that all ENT patients that even were seen in clinic were tested beforehand.

**Dr. Devyani Lal** 14:32

Yes, it's a decision that we made as a department. Everyone was involved in that, and some of this may get modulated as we go forward and new treatments become available. But as of now, we still don't know if the vaccination status if all of us in clinical care in the department are vaccinated. But will

we we know that that will protect the individual from contracting a severe form of COVID. What we still don't have data about is whether we can transmit it to other individuals. So we haven't made changes in our protocol, and this has been something. This disease is something that has really taught us to be nimble. And as new data, new therapeutics become available, we change our protocols. But, I just wanted to share with everyone whose listening, that you are safe at Mayo Clinic. The protocols that we've adopted, over the last, wow, 11 months have kept our patients safe, our staff safe. And please do not delay your healthcare, because that is probably likely going to be more dangerous than a trip to the hospital, to take care of yourself.

**Dr. Kakar 15:43**

So have you noticed, because in certain specialties, for example, patients were scared of coming into the hospital for fear of contracting the virus? Did you see that in your practice as 2020 sort of played out?

**Dr. Devyani Lal 15:56**

Well, yes, and no, I would say the vast majority of patients, as I said, we work in an organization that is very well regarded. So the vast majority of patients have faith in Mayo Clinic. And they understood that our primary value of patient centered care, first of all meant making sure that we could take care of them safely. So, I really didn't see much of a slowdown initially. And then the other thing that happened is when we did have to slow down our practice, to taking care of folks that were considered essential, whose care could not be delayed, that we saw a lot of patients come from our neighboring states, because unfortunately, at some of the hospital in their communities were unable to see them. So we kept busy throughout. And even through this whole series that we had in Arizona, in December and January, where approximately half of the hospital capacity was filled with COVID positive patients, we actually had to stop the practice. And we may have seen a little bit of a slowdown, but it wasn't very much. And so we kept through with seeing patients. I have to say that COVID-19 certainly has been a very painful experience for humanity in general. And my heart goes out to those that have lost loved ones. But it also gave me the opportunity to really appreciate the courage and generosity of my co workers. And none of the nurses I know, some of our outpatient nurses will call into to volunteer inpatient. I recall just a couple of weeks ago, we had a patient that had a delayed diagnosis and had a really horrible infection in the skull base that required surgery urgently, and he was COVID positive. We scheduled, there was no questions asked, there was a protocol, the staff had the PPE, we took care of him like we would any other patient, and we went home. And he went home a couple of days ago. And I said the courage, the generosity, the communal spirit of care that has been exemplified in our department and our institution, really portends well for humanity. And I see examples of that shared in the news across the institution, and across the country. And I think that makes me very glad as a human being.

**Dr. Kakar 18:35**

Well, thank you for sharing that story. And thankfully, at Mayo Clinic, we hear a lot about that culture. But as you said, in the healthcare environment in general, seeing how everyone has come together has been completely heartening. One thing, which is good to see, is that the numbers of actual COVID-19 patients are coming down in hospitalizations. But Arizona had sort of gone through that second wave of spikes. How did that affect the practice compared to say in the summer?

**Dr. Devyani Lal** 19:04

Yes. So actually, through the summer, we remained busy, and we had a busy schedule. We had to stop elective cases. I think the two weeks in January, I operated my full schedule in the first week. And then we had to reschedule all patients in the next two weeks, because we just didn't have enough staff to take care of COVID patients and patients that could wait. Again, we're talking about generosity of spirit and the grace of my patients and all Mayo patients has been just, you know, it's inspirational. I mean, we just had to say, Hey, we just have to take care of you probably in February and they said, do what you have to do. And when you can, please do take care of us. And so we're back to full schedule at this time. So there was a slowdown and then the brakes were released. And the last week again, we had really good communication from our CEO, our CAO, from our surgical leadership. And that meant that when we had to apply the brakes we did. And when we could loosen up, we did. And then when we are now ready to accelerate and go full speed, in taking care of all the people that so generously and patiently waited for their turn. So yes, I've got a full schedule for the rest of spring.

**Dr. Kakar** 20:27

Now, well, speaking about your schedule, as you mentioned earlier, you are a skull based surgeon. And so what are the sort of new developments that are happening in your specialty?

**Dr. Devyani Lal** 20:38

Oh, I'm so happy that you talked about it, because I really think that the nose is the most important organ in the body, and we can talk about its role in health, etc. But as it pertains to new technology, I think COVID-19 has taught us that if you lose your sense of smell, really you lose the ability not only for the pleasures of taste and flavor, but you lose the ability to smell dangerous things like fire, smoke, gas, you know, rotting food. And it can make you really sick. If you don't take care of your personal hygiene and actually a loss of sense of smell is also associated with a higher morbidity, meaning that you are likely to have more conditions associated in earlier mortality. So it's an important condition. And that's certainly something that I am interested in researching, and we've submitted some grants to do that. But in terms of tools and technology, what I do has evolved over the last 10 to 15 years to use cameras with magnification that can actually be transported on tubes, basically called endoscopes, through minimal access ports. And to do that, we use lots of technology, you know, microscopic instruments. We use 3D holographic reconstruction, we use something called intraoperative navigation where we take a CAT scan done prior to surgery, and use it to map things. We also have the ability to actually scan during the surgical procedures, and we have an intraoperative imaging suite that was recently constructed, where we can do intra-operative CT and MRI. So we can actually see how much tumor or bone we removed during surgery, if we need to do more or less, or if we can be done. So yesterday, we took care of a patient that has a pretty challenging tumor, and she looks good. One of the advantages of having all that is we can extend an early recovery, more complete resection, functional outcomes to our patients. And there's a lot of new things, robotics, etc, that are coming through in just technology. And when we talk about ENT, you know, I don't have the time to go through all of what we do, but one of the things that we're really happy about is the recent ear hook. That is a device that has come through from our department of Audiology, and I'm sorry, I forgot to mention our audiology division. And so they have actually tested this ear hook, which is like a hearing aid, but can work with remote access to your TV, etc. So you don't have it loud. It can also be used in the gaming world, it can be used for

military activities, and it can be used in the theater. So that's something that is coming out. That is a technology that has completely evolved out of our department in Arizona.

**Dr. Kakar** 23:30

Well, I've certainly learned a lot from you about ENT, but I would disagree with you about one thing, you said the nose is the most important. I would say the hand number one, maybe two is the nose. But we can agree to disagree but not be disagreeable. Dr. Lal, anything else you'd like to add?

**Dr. Devyani Lal** 23:48

I would just say, I just want to reiterate, and I say this to friends, family members, my husband just went and saw an orthopedic doctor today. So yes, hand surgery very important. And you do need a hand to pick your nose, I guess. But don't delay your care. They are safe protocols in most hospitals. If you don't trust someone that is local, find a hospital close to you, that has good reliable protocols, and Mayo Clinic is available. We accept patients, not only from every corner of the states, but also from abroad. I think that's all that I can say in my last words to listeners on this show. And I wanted to thank you Dr. Kakar, and Jen your colleague who helped put together this show, and if you'll have me back, I can explain why the nose is so important.

**Dr. Kakar** 24:49

Well, thank you very much. And yes, Jen is the glue of our show. Our thanks to Dr. Devyani Lal, ENT skull based surgeon at Mayo Clinic in Arizona for joining us today on Mayo Clinic Q&A. Thank you so much.

**Narrator** 25:01

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