

Dr. Doug Angel

Otolaryngology - Head and Neck Surgery (ENT)

Overview

1. **Profile:**
 - a. Positions: Otolaryngologist (Eastern Health, St. John's); Clinical Assistant Professor (Memorial University)
 - b. Training: Head and Neck Oncologic Surgery and Microvascular Reconstructive Surgery Fellowship (Western); Head and Neck Surgery Residency (Western); MD (Memorial)
2. **Pitch:** Hugely variable specialty that's a great mix of medicine and surgery.
3. **Path:** Had interest in medicine and surgery from a young age and fell in love with otolaryngology after working with an awesome mentor who loved his job!
4. **Personal:** Many subspecialties in otolaryngology can be difficult and tedious but there is great camaraderie and it can be extremely rewarding.
5. **Philosophy:** Find a mentor and something may click! Try to get a balanced medical education and try out different electives.

Elevator Pitch

(1:34)

- ***"Specialty with huge variety of potential clinical problems and patients, very good mix of medicine and surgery"***
- A lot of surgical specialties have medical counterparts but otolaryngology doesn't - they look after both surgical and medical problems, allowing for huge breadth
- Not just "tubes and tonsils"!

Personality

(3:05)

- Otolaryngologists are a very **easy-going, fun** group
 - He gets along really well with 7 other colleagues, socializing after work

Trainees' stereotypes of ENT

(4:26)

- Conducive to good lifestyle but work could be routine or tedious
 - Dr. Angel's response:
 - Things can be tedious if you look at microscopic level (literally and figuratively) because a lot of anatomy in head and neck (almost as much as entire rest of body combined!) - often do delicate, tedious operations on very small area
 - Variable lifestyle but it is one of the more friendly surgical specialties (“easy nights and tennis”)
 - After hour calls are less busy than gen surg or orthopedic surg
 - All surgical specialties are realizing importance of life outside medicine so things might be changing
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Referenced Material: Mayer AW, Smith KA, Carrie S. A systematic review of factors affecting choice of otolaryngology as a career in medical students and junior doctors. J Laryngol Otol 2019;133:836–842.

Path

(7:40)

- Did bachelor of music in piano performance after high school (had medicine in the back of his mind but didn't want a science degree - dogma back then)
 - Actually had no science courses in his UG program!
 - Father was a psychiatrist
- He didn't expect to get accepted to med school but chose to give up music when he did
- There was an excellent shadowing program at Memorial where mentors were encouraging and willing to take on med students in clinics and surgeries
 - Exposed at early stage to various specialties
- He was always interested in surgery
 - Obsessed with surgery shows, piano and fine motor skills may have helped too!
 - He also worked with a mentor who loved his job and Dr. Angel caught the contagious enthusiasm for the specialty!
 - The very first day, he did a 12 hour base of tongue cancer surgery and came back the next morning to check on the patient because he was so interested

- Other specialties he considered were general surgery, neurosurgery, and plastic surgery as well as oncology (liked the gratification and positivity when dealing with cancer patients as med student and resident)
- Residency was hard but an overall positive experience (“not to see everything but to develop skills and critical thinking to be able to do things”)
- **Advice:** it’s important to have a balanced and rounded undergraduate medical experience (take a variety of electives)

Day-to-Day Life

(17:31)

- Work with 7 other otolaryngologists who are each trained in a different subspecialty
- St. John’s is a busy academic center but has no residency program
- Start at 7:30-8
- Mondays
 - *flat* days- major head and neck cancer or reconstructive surgeries (10-12 hours) every few weeks
 - Having these procedures early in week allows for (usually) a relaxing end of week
 - Also do smaller general head and neck surgeries (thyroid, parathyroid, salivary gland, vocal cord)
- Tuesdays
 - Mornings at multidisciplinary cancer center with radiation oncologists and medical oncologists where he sees new head and neck cancer patients
 - He also has an office outside hospital for new consults and follow-ups and general ENT practice for “run of the mill” things like recurrent ear infections and sore throats
- Wednesdays
 - Back in office and then half day clinic for small procedures (biopsies, thyroid) in afternoon
 - Start a bit later at 9:15 so he can bring kids to school!
- Thursdays - OR days
- Fridays
 - OR day every second week or half day clinic in office (consults, paperwork)
 - Finish by 1-2 and early start to weekend
- He also has academic responsibilities with teaching for UG program and recording electives
- Day usually ends around 5 pm unless major surgery

- Call burden is easier as they are shared by 8 people but can be busy without residents (all inpatient management falls to staff)
- He loves being in OR with another surgeon - sense of camaraderie & patient care (seeing cancer patients come out of that is super rewarding!)

Different subspecialties in ENT:

(25:40)

- General otolaryngology (half of ENT residents don't subspecialize)
 - Tubes, taking tonsils out, chronic sore throat, sinus surgery, some ear surgeries (lot of outpatients)
- Head and neck cancer surgery and microvascular reconstructive surgery
 - Patients with malignancies above the collarbone not involving eye or brain (larynx, pharynx, oral cavity, oropharynx, sinonasal, skin cancer, thyroid, etc.)
 - Often need to remove huge portion and replace with microvascular reconstruction (transplanting piece of skin, tissue or bone)- good functional, oncological, and cosmetic result
- Laryngology
 - Patients with vocal cord issues (difficult to treat medically and surgically)
- Neurotology and otology
 - Ear surgeries and large lateral skull base surgeries (technically difficult specialty)
- Rhinology and anterior skull base surgery
 - Endoscopic sinus surgery
 - Resection of large cancers of skull base
 - Other sinonasal conditions
- Pediatric ENT
 - Insertion of tubes, removing tonsils and adenoids
 - Very complicated when dealing with kids with airway problems
 - Rewarding to manage kids with congenital deafness
- Sleep surgery
 - Surgery for obstructive sleep apnea
- Facial plastics
 - Cosmetic surgery of face (face lifts, rhinoplasties)
 - Also deal with skin cancers of face

*Please note: this may not be a comprehensive list but we hope highlights the variability of ENT.

Personal Takeaways

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Personal Story:

(34:20)

*“One of the first big operations I did, over five years ago... a lovely gentleman... who had a fairly advanced tongue cancer... so he needed... a total glossectomy, which involves taking out the **entire tongue** down to the larynx...we reconstruct it with a free flap from his thigh... You can’t really recreate the function of the tongue because it’s a fairly complicated organ and muscle but... put something back there that allows the patient hopefully to get swallowing function back to some degree. So he’s now over 5 years out, and he’s just a lovely person. And he brings me a salmon, a whole salmon he catches every year!... He’s very **grateful**, and... from a cancer standpoint, he’s done **remarkably well**. He doesn’t have a feeding tube and has managed to swallow everything. He doesn’t have articulation as a result of having the entire tongue taken out, but he communicates well... I remember it being a pretty stressful operation at the time. I was pretty early on in my practice, less than 6 months in when I did this particular surgery... Medicine can get pretty **overwhelming** and you can have difficult patients on top of having pleasant patients, and... you have to treat everybody as best as you know how... It’s a **nice feeling** to see this particular individual.”*

Takeaway: You have difficult and nice patients in medicine. Sometimes it can be really rewarding!

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

Final Comments

(40:32)

- Try to shadow and find a mentor - if it feels good, there’s something there.
- Mentors are great if they are in the specialty you’re aiming for, but even those in other specialties can be really helpful, too