Cross Training Opportunities

One of the great aspects of UAB is the University wide sense of collegiality and collaboration. Members of the Pulmonary and Gastroenterology Divisions work closely with the LBE team to provide care at UAB. The LBE surgeon also assists with their educational programs (as depicted above). They have both offered to do likewise with the LBE fellows giving trainees here an unparalleled opportunity to get a span of clinical training that has not been made available in any other Laryngology training program that we are aware of. The image above was taken during ICU teaching rounds. A lecture on tracheostomy care was followed by bedside rounds to add a clinical case by case presentation for the Pulmonology fellows.

Eligibility for LBE Fellowship

The position will be open as of July 1st, 2012 and last one year. Board certified and board eligible graduates of US training in otolaryngology head and neck surgery as of July 2011 will be considered.

Contact Details

Interested eligible applicants should send their CV by email or physical mail to the following addresses:

Paul F. Castellanos, MD, FCCP
LBE Fellowship Director
Larynx@UAB.EDU
OR:
Paul F. Castellanos, MD, FCCP
C/O Denise Chandler
Division of Otolaryngology Head and Neck Surgery
University of Alabama at Birmingham (UAB)
BDB 563
1530 3rd Avenue South
Birmingham, AL 35294-0012

The Laryngology Hospitalist Program

The LH program at UAB is a vital and growing dimension of the LBE program as a whole. Bedside care is now available in most of the UAB ICU’s to perform rigid airway endoscopy and care including percutaneous dilatational tracheostomy (performed with suspension laryngoscopy) and PEG placement. The premise is that if a patient is ill enough to be in an ICU, then as much of his/her care should be provided within its confines. The cost/benefit considerations strongly support point of service benefits for this type of care.

LBE Web Sites Authored By Paul F. Castellanos, MD, FCCP:
LaryngologyBrochoEsophagolgy.com
PDTSurgeon.com
AirwaySurgeon.com
LarynxLaserSurgeon.com
Laryngology Broncho Esophagology

Laryngology Bronchoesophagology

LBE is a very old specialty developed by Chevalier Jackson, MD depicted above. As the father of LBE, Jackson developed many of the techniques and instruments for rigid endoscopy of the larynx, tracheal bronchial tree, and the esophagus. He is credited with developing the techniques of foreign body removal of the esophagus, larynx and trachea that saved scores of children as well as the management of other airway emergencies. His care of children with diphtheria was legendary in its effectiveness. He also standardized the technique of tracheostomy to a great extent, reducing the mortality associated with this life saving operation from greater than 70% even in experienced hands to WELL BELOW 1% in those trained by him. He can, therefore be considered the father of modern airway care.

At UAB, LBE represents a program covering the inpatient and outpatient spheres with a comprehensive approach to diseases of the laryngopharynx, the trachea and the esophagus. In collaboration with GI Surgery, Pulmonary, Thoracic, and Gastroenterology, a very high level of medical and surgical care is being offered providing for an excellent training opportunity.

Trans–Oral Laser Microsurgery

As part of this fellowship, TOLMS will be taught for the care of malignant and benign disease such as stenosis or various resections. The above image is of a laryngo–mucocele resection and reconstruction performed trans–orally. The marsupialized deep wall of this cystic space is attached to the AE fold with sutures and clips.

Partial List of Procedures Trained

Office Procedures:
- Trans–nasal Esophagoscopy
- Trans–nasal And Trans–stomal Bronchoscopy
- Laryngoscopy With Therapeutic Injection
- Laryngeal Stroboscopy
- Esophageal Motility And PH–metry
- FEES And FEESST
- Office Laser Surgery

OR And Bedside Procedures
- Trans–oral Laser Microsurgery Of Benign And Malignant Disease
- Therapeutic Bronchoscopy With Dilation And Debridement
- Open And Trans–oral Laryngoplasty And Tracheoplasty
- Micro–Laryngeal Phonosurgery
- Open Phonosurgery Including Medialization Laryngoplasty, Arytenoid Adduction And Other Forms Of Laryngeal Framework Surgery
- Segmental Tracheal And Crico–Tracheal Resection
- With Primary Re–anastomosis
- Bedside Airway Surgery Including: Percutaneous Tracheostomy And Gastrostomy

Suspension Laryngoscopy Assisted Percutaneous Dilatational Tracheostomy (SL–PDT)

PDT has been developed to a new level at UAB with the introduction of suspension laryngoscopy (SL–PDT) to the bedside procedure. It has made this perviously controversial and (some would say) hazardous procedure into a completely safe airway operation that is SAFER than open tracheostomy in the critically ill. The whole procedure is viewable and described at: www.pdtsurgeon.com

Trans–Oral Laryngoplasty

TOLMS has also been adapted to the care of posterior glottic webbing with stenosis. A person with bilateral TVF palsy AND posterior glottic web was treated with this technique with a 1.5mm preop airway and no tracheostomy. She went from having biphasic stridor to laminar breath sounds and an adequate voice. This is one of the many scanning CO2 laser techniques this LBE Fellowship will train.