centric environment, which makes us look at what patients prefer. My experience has been that when patients are given the choice of avoiding an inpatient hospital stay, they will choose to go home the same day if that is a safe option.

Economics are a factor not just for hospitals and health plans but also for our patients who have higher copays.

The education of residents should not be determined by the venue in which surgery is being performed but, rather, by the needs of residents to get good training as deemed by the Accreditation Council for Graduate Medical Education (ACGME) Otolaryngology Subsection. Issues concerning residency training should be brought to the Review Committee. Many of our head and neck procedures are already done on an outpatient basis, and this is the new reality that training programs should consider.

Charles Meltzer, MD
Head and Neck Surgery,
The Permanente Medical Group
Santa Rosa, CA, USA

Disclosures
Competing interests: None.
Sponsorships: None.
Funding source: None.

Effects on Swallowing When Treating Unilateral Vocal Fold Palsy
DOI: 10.1177/0194599816660285

No sponsorships or competing interests have been disclosed for this article.

My colleagues and I read with great interest the paper by Cates et al.,1 and we agree with their results. In fact, we would like to stress and share our own results, as iatrogenic vocal fold palsies, especially postthyroidectomy, are quite common in our region.2 In the last 2 years, in a tertiary university voice clinic and in private practice, we saw a lot of patients with iatrogenic unilateral vocal fold palsy, and most of them were postthyroidectomy. As the majority of these patients were nonvocal nonprofessionals, their main concern was their debilitating dysphagia, rather than their non-career-threatening dysphonia. In fact, out of these patients, more than half had abnormal swallowing scores on the 10-item Eating Assessment Tool, and more than a third—especially the older group (>60 years of age)—had at least 1 hospital admission in the first 12 months postsurgery with aspiration pneumonia.

After injection medialization, all the patients remain well and are grateful about the fact that they can swallow better, particularly fluids, as shown on their markedly improved swallowing scores but even more on the fact that they no longer get aspiration pneumonias. Just a “statistical” reminder: aspiration pneumonia is a major cause of morbidity and mortality in almost all neurologic diseases and a major cause of frequent hospital readmissions.3,4

As a result, it would not be unreasonable to advocate this operation primarily as a dysphagia-improving surgery and secondarily as a voice-improving one!

Petros Karkos, MD, PhD, MPhil
Department of Otolaryngology,
AHEPA University Hospital
Agios Loukas Private Clinic
Thessaloniki, Greece

Disclosures
Competing interests: None.
Sponsorships: None.
Funding source: None.

References