

pertinent to ENT with its high outpatient caseload, patients prefer formal attire for outpatient encounters. Our results also highlight patients' preferences for white coats in all hospital settings, in line with findings from previous studies.<sup>3</sup>

Bond et al<sup>2</sup> proposed a policy of scrubs in clinical situations and formal attire for non-clinical encounters, allowing maximal patient perception of hygiene on wards, whilst ensuring a professional presentation at other times. Our findings lend support to this proposal which addresses the issues of both infection control and public confidence in one policy.

### Conflict of interest

None to declare.

Lightbody, K.A. & Wilkie, M.D.

Royal Liverpool University Hospital, Liverpool, UK

E-mail: kate.lightbody@gmail.com

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## Role of Buteyko breathing technique in asthmatics with nasal symptoms

15 January 2013

Sir,

Buteyko breathing technique (BBT) practitioners claim that the breathing technique can significantly reduce symptoms of chronic rhinosinusitis. There have been anecdotal reports, suggesting an improvement in the symptoms of chronic rhinosinusitis with BBT.

The aim of the Buteyko method is to correct the patient's breathing pattern.<sup>1</sup> There are a few trials reporting the effectiveness of BBT in asthma.<sup>2</sup>

However, currently, there is no published work looking at the impact of BBT on nasal symptoms of asthmatics. Thus, we report a study that considers the impact of BBT on the nasal symptoms of asthmatics.

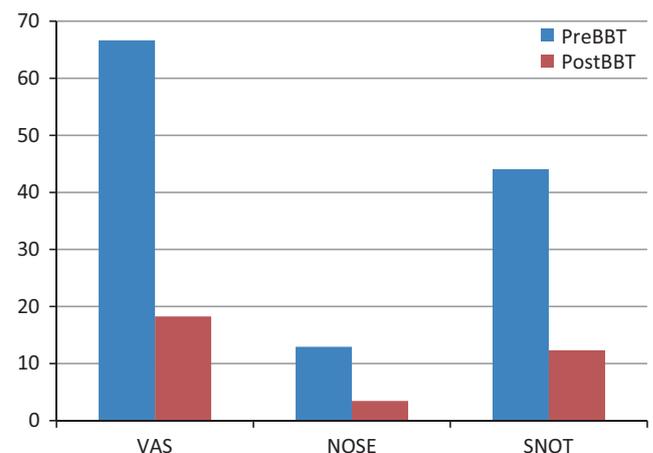
The study was performed on 26 volunteers recruited from general population, who had a diagnosis of asthma and chronic rhinosinusitis. Participants underwent training weekly for 3 weeks, each session lasting 150 minutes.

**Table 1.** Pre- and post-test mean scores of visual analogue scale (VAS), nasal obstruction symptom evaluation (NOSE) and sino-nasal outcome test (SNOT-22)

Test	Baseline		3 months		Paired sample t-test P value
	Mean	SD	Mean	SD	
VAS	66.65	18.55	18.25	17.70	1.26551E-07
NOSE	12.03	4.19	3.46	2.38	2.67774E-10
SNOT-22	44.07	22.12	12.34	12.56	4.40221E-09

Training was performed by a Buteyko practitioner and consisted of teaching of a series of exercises in which subjects reduced the depth and frequency of breathing. Participants were followed for 3 months.

The participants completed validated quality of life questionnaires to rate their nasal symptoms prior to the beginning of training and 3 months after training. These consisted of sinonasal outcome test – 22 (SNOT-22)<sup>3</sup>, nasal obstruction symptom evaluation<sup>4</sup> and visual analogue scale.



**Fig. 1.** Pre- and Post-test Mean scores of Visual analogue scale (VAS), Nasal obstruction symptom evaluation (NOSE) and Sinonasal outcome test (SNOT-22).

There were a total of 26 participants. Age ranges from 23–60 years with a mean age of 38 years. Results are illustrated in Table 1 and Fig. 1. We found that those with poor SNOT-22 scores report improvement following BBT. This is likely to be related to chronic rhinosinusitis but cannot say without full otolaryngology assessment.

We showed that there were significant improvements in nasal symptoms of asthmatics and the quality of life of participants. Additional research is needed to establish the role of this technique in the management of chronic rhinosinusitis.

#### Conflict of interest

None to declare.

**Adelola, O.A., Oosthuizen, J.C. & Fenton, J.E.**

*Department of Otolaryngology, Head and Neck Surgery, GEMS, University of Limerick & Limerick University Hospital,*

*Limerick, Ireland*

*E-mail: oadelola@gmail.com*

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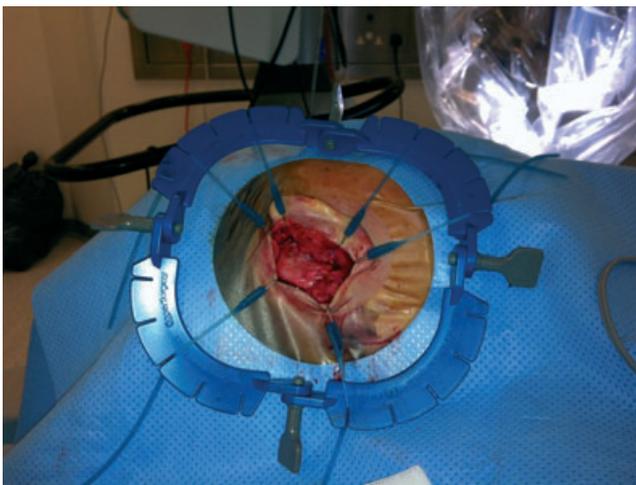
## A star assistant in tympanomastoid surgery

16 January 2013

The standard self-retaining retractors used in tympanomastoid surgery can be cumbersome, dislodge, get in the way or have too many or too few prongs to be effective.

Used routinely by our colorectal colleagues, we have found that the Lone Star Retractor System™ manufactured by Cooper Surgical, Trumbull, CT, USA, is very useful to avoid these problems. The 14.1 × 14.1 cm ring retractor

(3307G) combined with a pack of eight sharp 5 mm elastic stays (hooks) (3311-8G) has been used by the senior author for several years. It is helpful, especially for post-aural wide exposure such as revision radical mastoid surgery but can also be used for endaural approach (Fig. 1). The single-use ring retractor is articulated allowing movement in the 3-dimensional plane, so that it conforms to the shape of the patient's head, reducing interference with the operating field. The hooks can be applied in multiple positions to maximise retraction in the directions required. It is easy to adjust the position of the hooks during the procedure, for example, if one wants to take a cartilage graft or make a soft-tissue flap. A hook used to retract at each end of the wound helps facilitate effective wound closure. Blunt 5 mm hooks (3316-8G) are also available depending on preference and larger 12 mm hooks (3350-8G) can be useful in deeper wounds. The total cost is £66.30 for the retractor and pack of eight stays.



**Fig. 1.** Intraoperative image of lonestar retractor (post-aural approach).

#### Conflict of interest

None.

**Possamai, V. & Smith, M.**

*Worcester Royal Hospital, Charles Hastings Way, Worcester, UK*

*E-mail: victoriapossamai@mac.com*