

HEALTH

A WORD IN YOUR EAR

VIEL RICHARDSON MEETS ONE OF THE COUNTRY'S TOP EAR, NOSE & THROAT SPECIALISTS



Michael Wareing sits at the top of the otorhinolaryngological tree. Or, for those of you unfamiliar with a word that looks at first glance as though the writer has just leant on the keyboard, he is one country's top specialists in ear, nose and throat (ENT).

Mr Wareing – who, as a consultant, has moved beyond the honorific of 'Dr' – is an ENT surgeon for two prestigious London hospitals, while at the same time running a highly respected private practice at the London Clinic in Marylebone. He has written articles for the national press, contributed to several books in his field, appeared on national radio and is regularly invited to lecture both at home and abroad.

It is an impressive list of accomplishments, and clearly the result of many years of hard work. But Mr Wareing doesn't claim to have nurtured a burning ambition to be an ENT specialist – or even a doctor for that matter – from the moment he exited the cradle. In fact, young Michael was halfway through his teens before discovering the direction his life would eventually take.

"I chose to do medicine when I was about 15," he says. "I think that career decisions in those days were a bit more haphazard than they are today. Young people are now expected to have done a vast amount of work

experience and shown a life-long interest in the field. For me, medicine just seemed to be an interesting thing to do, and my parents encouraged it."

Similarly, his decision to apply to study at St Bart's was not based on a thorough scouring of the literature. It came after a hockey match. "I was playing a hockey match against a team that had several players from Bart's. After talking to them I went and had a look around, liked what I saw and applied for it as my first choice teaching hospital."

But this seemingly relaxed start to his career belies a real determination to excel. While Mr Wareing talks about how the ENT specialists he met seemed happier than other surgeons, and how this was a major influence on his choice of specialism, there was another reason for his interest in the field that was probably more pertinent to his subsequent success. "I did pursue other areas," he tells me, "but I found the ear conceptually and anatomically pretty difficult." It was this inherent complexity that first attracted him, and which continues to drive his fascination with the field.

"I am definitely more ear orientated," he says. "Micro-surgery, which is possibly not common among surgeons, is one of my specialities – so I need to not have a tremor. You

can't have too much coffee in the morning. I do quite a lot of rhinology – which relates to the nose – but I don't do nose jobs or any plastic surgery. When it comes to the throat, I do some endoscopic operations, but I would normally diagnose conditions and then pass the patient on to one of my colleagues who has a special interest in that area."

This is reflective of one of the major changes that has taken place during Mr Wareing's career – the virtual disappearance of the general surgeon. Jacks of all surgical trades have been replaced by specialists, and this has led to a more collaborative approach to surgical medicine.

"You tend to call on people from different areas who have different skills," he says. "For example, I don't really do major head and neck surgery, so if there are operations which include those components I will get one of my colleagues to come and work with me."

The length of an operation can vary greatly. Some procedures only take about 15 minutes, a longish ear operation may take two and a half hours, and a very long operation – which would normally involve a trauma case – could take all day, and involve Mr Wareing working with several other surgeons.

So what skills does it take to be a surgeon? "There are certain things you need to have, such as a high degree of hand-eye coordination," says Mr Wareing. "The ability to see problems in 3D is also important. There are some surgeons who are so gifted that everything just melts away in front of them, but they are the exceptions. When it comes to endoscopic surgery there is the element of looking quite intently at the screen in one direction, while your hands are doing the associated work somewhere else, which doesn't

come naturally to everybody. Personally I am happier here than with big open macroscopic surgery, which is handy for ENT."

Mr Wareing's years as a surgeon have seen technological advances, new techniques and subtle changes in emphasis. He offers the example of the treatment of acoustic neuromas – benign growths which appear on the nerve of balance and can cause one-sided hearing loss or tinnitus. "For a long time the general approach was to remove them surgically once they had reached a certain size," he says. "That is changing now through a procedure called Stereotactic Radio Surgery which uses highly focussed radio waves. This stops the neuroma growing and often even causes them to shrink."

The question has now become, do you need a surgical intervention at all? These are big operations, and the patient is out of commission for weeks or even months afterwards, so it is preferable if you can treat the condition without one even if this does not entirely cure it. "This represents a change of thinking that has taken place in medical circles and is making a huge difference to the patients' lives."

With a schedule that includes outpatients, diagnosis, small procedure and big operations, Mr Wareing's job is a remarkably varied one, so his answer to which aspect he enjoys most is perhaps predictable. "I suppose the best answer is all of it," he says, with a smile. "There is a lot of patient contact, and what I really like is trying to help people. I enjoy the outpatients, I enjoy the operating. There is variety, no two days are really the same. The areas of outpatients and consulting provide an interesting counterpoint to each other. I suppose I'm very lucky in that this is a varied job where I get to see people in every stage of their lives."

TIMELINE

Mr Michael Wareing
MBBS, BSc, FRCS(ORL-HNS)
Consultant ear, nose & throat surgeon

1982 Enters St Bartholomew's Medical School (Barts). Works in a number of busy posts in neurosurgery, general surgery and A&E in southeast England during his general surgical training, before taking up an ENT position at Addenbrooke's Hospital in Cambridge.

1988 Wins the Sidney Scott Prize for ENT.

1997 Awarded a TWJ Travelling Fellowship by the King's Fund, allowing him to spend seven months in the Laboratory of Molecular Otolaryngology at the University of California at San Francisco.

1999 Awarded the Skull Base Fellowship at Addenbrookes Hospital, Cambridge, refining his skills in ear surgery, acoustic neuroma and skull base surgery.

2000 Returns to St Bartholomew's and The Royal London Hospitals as a consultant ENT surgeon. The position involves maintaining a general ENT of adult and paediatric practice, while also being the lead clinician in otology, ear surgery, acoustic neuroma and skull base surgery.

2003 Becomes lead clinician for the Department of Otorhinolaryngology: Head and Neck Surgery at St Bartholomew's and The Royal London Hospitals. In this position he develops ENT services and is in charge of the appointment and appraisal of ENT specialists at both consultant and junior staff levels.

Mr Michael Wareing FRCS

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