

Interview

In the past 30 years Professor Lichtenberger has become well known for his new methods for the management of laryngotracheal stenosis and voice prosthesis implantation as well as for tissue adaptation and endoscopic suture in narrow anatomical areas, such as the pharynx and larynx. These methods are based on his developments, which are mostly internationally patented. Professor Lichtenberger is the head

of the department of ENT-HNS, Szent Rókus Hospital and Institutions, Budapest. He is an active member of many scientific societies and associations. He has published nearly 90 articles in Hungarian, German, West European and USA professional journals and has also contributed to four different books. Professor Hesham Negm, Cairo University, Egypt conducted the interview below with Professor Lichtenberger.

Interview with Professor Gyorgy Lichtenberger

What is your ENT background?

Before starting to study medicine, I had to work in a hospital as an operating department practitioner. After I finished my obligatory military service, I had the chance to study at medical university. To start with, I thought that it was a useless period of my life (when I worked as an operating department practitioner) however later on I realised there had been advantages. I met several physicians in this period of time who admired my behaviour, my willingness and my attitude to the patients. After finishing studying at the University of Pécs in 1974, I was offered a job in the same hospital where I had previously served as an operating room assistant. Of course I was extremely happy to get a job in this famous institute and started my work with great enthusiasm. Building on my experiences as an operating assistant, then a student, then a doctor, I learned how to create an optimal atmosphere in the department using more stimulation than pressure.

I defended my thesis in 1987 at the Hungarian Academy of Sciences and applied for the chairmanship of the Department of ORL-HNS in the St Rokus Hospital and Institutions. I have been the chair since 1988. During that period of time I was appointed for three and a half years to general director of the whole institution as well and I got the professorship in 1996.

What are your areas of interest in ENT?

According to the traditions of the department going back to my predecessor Professor Aurel Réthi, who was known in Europe as the 'Father of Stenosis Surgery' as he was the first to develop an effective method for the man-

agement of scarred laryngeal stenosis, I decided that shortly after starting my experimental and also my clinical activity I should concentrate on laryngotracheal reconstruction and head and neck oncology. I think it is only natural that the activity of someone outstanding like Réthi stimulated and had an impact on the work of the next generation. Beside my predecessor, the reputation of our institution, where the first university departments were established in Budapest, also influenced my career.

I have to admit that, despite the fact that I had to work hard for progress in my medical career, I believe that I am a lucky man. I think this because I had the privilege to work under the reconstruction of our hospital by Professor Thomas Székely, who was not only a teacher of mine, but also a real gentleman. Through him we learned not only about our speciality but also about human behaviour, empathy to the patients and fair attitudes to the colleagues - a moral and fair life. We learned how to appreciate our teachers through his example and how he acknowledged them. We were impressed how he spoke about his mentor Professor Adolf Miehle (Göttingen, Germany) by whom he learned modern facial nerve surgery, which was later introduced by him and taught through this knowledge to the co-workers.

As chairman of the department, I deal with Head and Neck Surgery, Laryngology and with the entire field of ENT inclusive of Ear Surgery, Sinus Surgery etc. As the chief of a leading institute I have to accept all the patients who are admitted to our department from the smaller departments of the region, according to the progressive care of the patients.

You have developed internationally accepted operation methods, which are in close connection with your inventions for the management of different types of laryngeal stenosis and for the management of some other diseases. Would you mind telling us about your additions to our speciality?

I think a new operation method is only acceptable if it is validated by colleagues in the field, and practised by other skilled surgeons with good results. After finishing my experiments on laboratory animals working out methods based on my endo-extralaryngeal suture technique, which is the essence of all these methods, I thought that the problem had been solved and the whole project would run smoothly. I made sure the devices I developed which were in connection with the technique were registered and patented. Even after having patented the devices, it was not easy for me as a doctor to persuade and to find a company to deal with the further development and design the devices for mass production. Finally I found Richard Wolf in Germany, Knittlingen who undersigned a contract with me. Mr Helmuth Hecke and his team made considerable effort and used their skills to develop an internationally available instrument. After the perfection of the device I had to deal with the fact that hard work, experimental and proven clinical results are not enough to push through. Good luck and a mentor are always necessary. This came 12 years later in 1989 at the World Congress in Madrid, as Richard Wolf introduced my device - the needle carrier. Professor Robert J Toohill, after listening to my presentation about reversible and irreversible lateralisation of the paralysed vocal cord, wanted to meet me. When my



Dr Toerpel (Germany), Professor Lichtenberger, Professor Negm (Egypt), Dr Morshed and Professor Golabek (both from Poland).



Professor Negm (left) and Professor Lichtenberger.

colleagues told me that the famous Doctor Toohill wanted to meet me, I thought that they are joking. Luckily it was not a joke. He introduced my technique in Milwaukee immediately after and published his team's clinical experiences the year after achieving good results with my methods. Despite the fact that before the congress we were strangers to each other, since this time I have enjoyed and enjoy even now, his support in different aspects and ways. I am very thankful to him, because he is a person who dealt not only with the popularisation of his own ideas and methods but supported many other colleagues including me. Even now, as my operation methods based on the endo-extralaryngeal suture technique with the needle carrier instrument for the management of laryngeal stenosis at the glottic level without tracheotomy become universally popular, I will never forget my mentor (who later became my sincere friend), Bob Toohill.

He was also the man who encouraged me to publish my other method for safe voice prosthesis implantation using ET (esophago-tracheal) puncture instead of TE (trachoesophageal) puncture preventing damaging of the back wall of the oesophagus and the pharynx.

What is the most satisfying achievement of your career so far?

To be able to help patients suffering from stridor due to bilateral vocal cord paralysis using reversible or irreversible methods based on the endo-extralaryngeal suture technique without tracheotomy.

What was the most frustrating?

To realise how long it takes for a new surgical idea to be accepted throughout the world, and how many patients suffer from inadequate treatment because of this. Also listening to university chairs declaring that the first step in managing bilateral cord paralysis should be tracheotomy, which in my opinion is wrong, proved by more than 200 operations done without any kind of tracheotomy.

As a Professor and chairman, do you follow a certain training programme for your junior staff?

Of course the training of my junior staff is very important to me. It is a very lowly task, because I have very diligent and talented young colleagues. It is amazing that they are ready to work 10 -12 hours a day without pressure, just to gather knowledge, learn and train as much as possible. I am very proud that they understood that good results and success seldom comes without real effort. As well as training my junior staff, I hold lectures for students and participate in the postgraduate teaching program. Nine years ago we organised our first Laryngology course, based on the idea by Professor Czigner together with Professor Czigner and Professor Jóri, and we now organise it continuously. After signing the contract with Richard Wolf and receiving the royalty of my device, the endo-extralaryngeal needle carrier, I established a foundation for the postgraduate education of my compatriots living in neighbouring countries. Since then, more than 300 colleagues from these countries have participated on the courses. The costs of their registration, accommodation, etc were covered by my foundation.

It is also a great honour and privilege for me to participate on international courses in the faculty as lecturer and surgeon in Europe in Munich, Innsbruck, Giessen, Cologne, Lüdenscheid, Paris and in the USA in Wisconsin, Milwaukee.

Being a well known figure, do you encourage them to publish and present internationally?

Yes, I encourage them to attend international courses and later, after they have some clinical experience, to participate in international events. I feel that it is a great privilege for me to moderate panels or accept invitations from colleagues from all over the world to participate in their panels at international events, and I feel I have to give the chance and encourage my co-workers to proceed in the same direction. I was very proud when four of my colleagues participated in the ELS

(European Laryngeal Society) meeting in Brussels and each of them contributed to the congress with a paper. I am very glad that we could collect material for presentations and publications and that I have many talented young co-workers who speak foreign languages, giving them the opportunity for international communication.

Are you expecting any change in ENT practice in Hungary after joining the EU?

Yes. I am afraid that after the specialisation many young physicians will look for a job in Western European countries. The reason is very simple, that the salary they will get there will easily enable them to have a normal life. Expectations here are high like in Western European countries, but the salaries are like those in the developing countries. We have to understand that a much higher income with less stress cannot be ignored. I am afraid it will be a disaster, because we already have 30% fewer physicians than the population will need.

What are you working on just now and what are your plans for the future?

In the last decade I have worked out a ligature-suture technique and developed a further device on cadaver and model experiments. The technique has been introduced in clinical practice with success in securing serious haemorrhage by transoral operations and also for tissue adaptation and sutures in narrow anatomical circumstances. These techniques are based on the new ligature-suture instrument, which I developed for these purposes. The device has been further developed and designed for mass production by Karl Storz and will be available soon.

Right now I am working on a new method to develop endoscopic tracheotomy. There are cases, especially on the intensive care units, where an endoscopic tracheotomy may be indicated. However I think the methods which exist nowadays are not very easy to perform and are not without disadvantages. Recently, together with my young co-workers

and with the Institution of Experimental Surgery, we decided to carry out experiments on laboratory animals on the different reasons of scar formation and performing a trial to prevent or eliminate them. We will also search for the causes of rejection of transplanted autographs.

Do you have hobbies, and do you have time for them?

This is a good question. I would have liked to have had many, but it has been difficult to find time. I thought when I finished studying, that finally I would have a chance for a normal life, that is, eight hours work, eight hours for entertainment, recovery and hobby and eight hours for sleep. However shortly after starting my residency I realised that it will not happen if one plans on achieving something more

than the average. During my school years and when at university I played football in very good teams and I liked horse riding and swimming. However nowadays as I have to work 12 hours daily, I only have the chance to run in the forest or to swim, as I can do these activities alone and at times when I choose.

I believe the years I spent with sport activity and exercising are very helpful even now, to enable me to tolerate the long operations in the operating theatre. Also as I live in Budapest, I really enjoy going to the Opera or to the concert hall listening to classical music. Luckily, I also have many very good friends from abroad and I am always happy to show them our capital.

What inspires you in life?

I think we who are living in this region are

responsible for our country and for Europe. As our parents, who survived two World Wars and the revolution in 1956, could keep humanity in spite of fear, we should follow this moral even in better circumstances. I am very grateful to my parents for their sacrifice in giving me the chance to study in a very difficult period for my family and country. As I mentioned already, despite several problems and challenges I feel I am a lucky man blessed with lovely parents, a marvellous wife and children, talented colleagues and many good friends in my country and internationally. My father used to say that the best investment in life is to collect good friends who enjoy each other's company. If you have as many really good friends as fingers you have on your hands, then you are a lucky man.

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