OHNS Spotlight

February 2026

HENRY FORD HEALTH®

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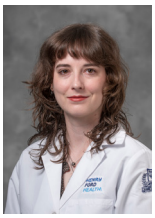
- Why collaboration matters in head and neck oncology



Getting to know

Haley Sibley, M.D.

Otolaryngology, Head and Neck Surgery-Henry Ford Health

In this Spotlight profile, we feature a Q and A with Dr. Sibley, a laryngology specialist who shares her insights on swallowing disorders treatment and care at Henry Ford Health.

What inspired your interest in swallowing disorders and what brought you to Henry Ford Health?

I'm originally from Louisiana, where food and drink are a huge part of the culture and being able to eat and drink means being able to fully participate in the social scene. I like being able to help patients out with an issue that can so deeply affect their quality of life. I went to Louisiana State University for both undergrad and medical school before I followed my now-husband to Detroit, where I did my otolaryngology residency at Henry Ford.

After residency, I went to Charleston and completed my laryngology fellowship at the Medical University of South Carolina with Ashli O'Rourke, who is a leading deglutologist and pioneer of high-resolution pharyngeal manometry. She helped foster my interest in swallowing disorders. I wanted to practice at a big, collaborative academic center, and I knew that Henry Ford would have all the resources I needed to treat voice and swallowing disorders the way I wanted to—including a cohort of excellent speech language pathologists and a fantastic gastroenterology department whose faculty are always more than willing to work on tough cases with us. I also knew I'd have the support of Dr. Glendon Gardner and Dr. Ross Mayerhoff, who are also laryngologists at Henry Ford and who were my mentors when I was a resident.

What are common causes of swallowing disorders that you see at Henry Ford?

The most common causes of swallowing disorders that we see at Henry Ford are postradiation fibrosis, post-stroke weakness, upper aerodigestive tumors, acid reflux, vocal cord paralysis, and muscle tension. Part of our job is to tease these pharyngeal dysphagia cases out from the esophageal dysphagia cases such as achalasia and dysmotility; for the latter, we often ask for help from our GI colleagues.

What are some key diagnostic and innovative procedures offered at Henry Ford Health for swallowing disorders?

The diagnostic procedures we offer to work up swallowing at Henry Ford are:

Flexible laryngoscopy: This is an in-office procedure where we pass a camera through the nose while the patient is awake to look at the pharynx and larynx. This can rule out any anatomic or structural causes of dysphagia, and give us clues about what may be causing the dysphagia via presence of pooling secretions or pharyngeal wall weakness.

Flexible endoscopic evaluation of swallowing (FEES): This procedure is performed in conjunction with a speech pathologist in clinic. While a flexible scope is in place providing a view of the pharynx and larynx, a speech pathologist feeds foods of different consistencies to the patient; after each swallow, we look for residue and signs of penetration or aspiration.

Videofluoroscopic swallow study (VFSS; in some places it's called a modified barium swallow study, or MBSS): This is a procedure done under continuous x-ray, where a speech language pathologist feeds the patient different consistencies of barium. This is the gold standard test to diagnose pharyngeal swallowing disorders and gives us information about pharyngeal strength, coordination, hyolaryngeal elevation, upper esophageal sphincter function, and presence of diverticula, among other things.

High resolution pharyngeal manometry (HRPM): This is a procedure that tests the pressures of the pharynx and proximal esophagus during swallowing. This technology is already used to assess esophageal dysmotility disorders, and over the last few decades has become the gold standard for diagnosis of esophageal dysmotility disorders with the development of the Chicago classification (now in its fourth iteration). So far, no equivalent classification system exists for pharyngeal disorders, but there is research in progress working to develop this. There are not many centers that offer it yet, and we are still in the process of collecting data to optimize its use for diagnostic purposes. Even without normative data, it can be very useful for biofeedback swallowing therapy—meaning the patient can do swallowing therapy while the catheter is in and use the pressure tracing to watch the effects of certain swallowing exercises in real time.

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What are key treatment options for those with swallowing disorders that you would like colleagues to know about?

We offer a range of treatment options for swallowing disorders. Many swallowing issues can be treated with dysphagia therapy; we have several excellent SLPs who specialize in this. In some cases, surgery may be more appropriate, which may include dilation, cricopharyngeal myotomy, and Zenker diverticulotomy (or diverticulectomy). We rely on help from our GI colleagues to treat swallowing disorders and work closely with Dr. Cyrus Piraka, who specializes in peroral endoscopic myotomy (POEM) for treatment of cricopharyngeal hypertrophy and Zenker's diverticula, which is not readily available at every center.

Why is a multidisciplinary team essential in optimizing treatment for swallowing disorders?

Dysphagia can result from a failure of any part of the swallowing mechanism, and there are a lot of parts that can fail, from the oral preparatory phase all the way down to the bolus flow through the GE junction. It takes a cohesive team of SLPs, ENTs and gastroenterologists to adequately assess and treat dysphagia. We are lucky to have a close relationship with the gastroenterology department here at Henry Ford and often work with them to diagnose swallowing disorders. Oftentimes, EGD performed by them can be helpful in workup of dysphagia. We also rely on their excellent motility specialists, Dr. Eva Alsheik and Dr. Brian Ginnebaugh, who can perform high-resolution esophageal manometry for diagnosis of esophageal motility disorders (such as achalasia, absent contractility, and ineffective esophageal motility).

Leaning on our SLP and GI colleagues ensures that we are seeing the whole picture and offering the best treatment possible.

Quick facts

Henry Ford Hospital has been recognized as a Best Hospital for 2024-25 in the Ear, Nose & Throat specialty by U.S. News & World Report, which features the top 50 of America's "Best Hospitals" in 15 specialties.

Henry Ford Otolaryngology

- Includes the Divisions of Audiology, Oral & Maxillofacial Surgery and a section of General Hospital Dentistry
- USNWR Top Hospital Ranking 3 years in a row (2017-2019)
- Otolaryngology services provided at 5 Henry Ford Health hospitals
- 9 outpatient clinics
- More than 3,500 surgeries annually
- More than 68,000 outpatient visits
- 26 otolaryngologists in the department
- 4 oral & maxillofacial surgeons
- 2 general hospital dentists
- 27 audiologists, 4 audiology fellows
- 15 advanced practice providers
- 20 otolaryngology residents
- 1 head and neck cancer fellow
- 1 rhinology fellow
- 1 sleep fellow
- 1 OMFS head and neck fellow
- More than $36M in patient revenue
- Department produced in 2024:
  peer reviewed publications = 69
  abstracts = 31
  oral/poster presentations = 27

Head and Neck Cancer

- In top 10 percentile for time of initiation of postoperative radiation therapy for head and neck cancer patients < 6 weeks
- 900 surgeries
- Surgery services provided at all 5 Henry Ford Health hospitals
- More than 80 reconstructive cases annually
- 5,800 outpatient visits

Why collaboration matters in head and neck oncology

Cancers of the oral cavity, oropharynx, facial skeleton, and adjacent structures do not belong exclusively to any single specialty. These anatomical regions overlap the domains of otolaryngology head and neck surgery (OHNS), oral and maxillofacial surgery (OMS), plastic and reconstructive surgery, neurosurgery, and microvascular reconstruction. One constant across my training—whether in the U.S. or in countries like India and Taiwan, which have the world's highest incidence of oral and head and neck cancers—is that outcomes are optimized when patients are cared for by teams that blend different training backgrounds and technical strengths.

Exposure to extraordinarily high clinical volumes early in my career allowed me to develop experience that often takes years to accumulate in U.S. institutions. Bringing this perspective to Henry Ford's growing program has been a privilege. As we continue to build one of the premier head and neck cancer programs in the nation, we are proud to attract surgeons with diverse expertise and complementary approaches that elevate care quality for every patient.

A recent case highlight: Complex parotid malignancy

One recent case exemplifies how this multidisciplinary model directly benefits patients. Our OHNS and oral/maxillofacial surgery team jointly managed a patient with an aggressive parotid gland carcinoma with extension into the infratemporal fossa. Working together in a single operative session, we were able to:

- Achieve complete oncologic resection, including the parotid tumor, involved ear structures, and infratemporal disease.
- Perform immediate facial nerve reconstruction.

Although I practice primarily as an oral and maxillofacial surgeon, my additional subspecialized training in Taiwan included high-volume facial nerve reconstruction—a skill set not commonly found within OMS. Because of our cross-trained team and coordinated approach, we were able to provide this patient with a comprehensive, same-session oncologic and reconstructive procedure that only a small number of U.S. centers can offer.

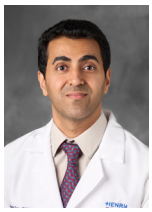
Unified training, diverse expertise

One of the greatest strengths of the Henry Ford Health program—and a major reason I joined—is the exceptional depth of training our surgeons bring. Whether their backgrounds are in OHNS, OMS, or plastic and reconstructive surgery, each team member contributes world-class expertise while embracing a unified, evidence-based care philosophy. Henry Ford Health is also one of only a few institutions in the country where OMS is a division within OHNS and not a division with General Surgery. At the same time, we welcome a diversity of ideas, techniques, and perspectives that ultimately benefit our patients.

Our shared platform enables us to manage highly complex cases requiring:

- Facial cosmetic and structural reconstruction
- Facial nerve repair
- Microvascular surgery
- Skull base and infratemporal approaches

This breadth allows us to serve a wide referral community, including dental and oral surgery practices, primary care physicians, general otolaryngologists, oncologists, and subspecialty surgeons. As Henry Ford Health expands across the region, patients and referring providers can be assured that our multidisciplinary, team-driven approach aligns with the strongest evidence supporting head and neck cancer outcomes.



Rushil Dang, D.M.D, practices head and neck surgery within the scope of oral and maxillofacial surgery at Henry Ford Hospital, with an emphasis on head and neck cancer, salivary gland cancer, pre-malignant disease, management of maxillofacial cysts/tumors and microvascular reconstruction of the head and neck region. Dr. Dang is an active member of the multidisciplinary head and neck tumor board team at HFH. In addition to these interests, Dr. Dang also practices full scope of oral and maxillofacial surgery including facial trauma, facial reconstruction, complex bone grafting, dental implants and jaw in a day reconstruction.

Some Highlighted 2025 Manuscripts from our Team:

Bennett E, Marino J, **Stach BA**, Ramachandran V, and Faulkner K. Clinical Feasibility of the Audible Contrast Threshold (ACT) Test. Hearing Review 2025; 32(1):22-25.

Donaldson LB, Mason W, and Jones LR. Evaluation and Management of the External Nasal Valve. Otolaryngol Clin North Am 2025; Epub ahead of print. PMID: 39755472

Eide JG, Pellizzari R, Saibene AM, De Donato L, Bitner B, Wei K, Panara K, Kshirsagar R, Lee D, Douglas JE, Whitehead R, Filip P, Papagiannopoulos P, Tajudeen B, Kuan EC, Adappa ND, Palmer JN, and **Craig JR**. Craniofacial Pain Locations and Outcomes After Endoscopic Sinus Surgery for Unilateral Sphenoid Sinusitis: A Multi-Institutional Study. Laryngoscope 2025; Epub ahead of print. PMID: 39749758

Henner DE, Drambarean B, Gerbeling TM, Kendrick JB, Kendrick WT, Koester-Wiedemann L, Nickolas TL, Rastogi A, Rauf AA, Dyson B, **Singer MC**, Desai P, Fox KM, Cheng S, and Goodman W. Practice patterns on the management of secondary hyperparathyroidism in the United States: Results from a modified Delphi panel. PLoS One 2025; 20(1):e0266281. PMID: 39888902

Kondamuri NS, Dedhia RC, and **Yaremchuk KL**. Ten-Year Update: The State of Sleep Surgery Training for Otolaryngologists. Otolaryngol Head Neck Surg 2025; Epub ahead of print. PMID: 40134210

Graboyes EM, Maurer SN, Kistner-Griffin E, Armeson K, Starr E, McLeod T, Balliet WE, Doenges J, Slavin-Spenny O, Vanderlan JR, Day A, Pipkorn P, Puram SV, **Tam SH**, Ruggiero KJ, and Sterba KR. Protocol for a multisite, parallel-group, randomized clinical trial comparing a brief tele-cognitive behavioral therapy intervention (BRIGHT) with attention control for the reduction of body image-related distress among head and neck cancer survivors. Contemp Clin Trials 2025; 153:107888. PMID: 40139457

Abdurrob A, Tayyari B, **Goosmann M, and Darrat I**. Treatment of imperforate submandibular duct: A systematic literature review and case report. Int J Pediatr Otorhinolaryngol 2025; 193:112333. PMID: 40222345

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Craig JR, **Mason W**, Laumet G, Alkhoory W, Hensley MD, Holleman D, and Hason N. Sensory and Autonomic Fibers in Anterior Ethmoid, Posterior Nasal, Posterolateral Nasal Nerves. Laryngoscope 2025; Epub ahead of print. PMID: 40192001

Singer MC, and Terris DJ. Potential Disadvantages of the Modified Miami Criteria. JAMA Otolaryngol Head Neck Surg 2025; Epub ahead of print. PMID: 40402508.

Witek ME, Ward MC, Bakst R, Chandra RA, **Chang SS**, Choi KY, Galloway T, Hanna GJ, Hu KS, Robbins J, Shukla ME, Siddiqui F, Takiar V, Walker GV, Fu Y, and Margalit DN. Paranasal Sinus and Nasal Cavity Cancers: Systematic Review and Executive Summary of the American Radium Society Appropriate Use Criteria. Head Neck 2025; Epub ahead of print. PMID: 40344605.

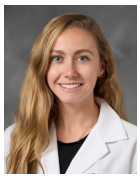
Okifo O. The Anatomy of the Mind. JAMA 2025; Epub ahead of print. PMID: 40569612.

Schuman AD, McKeon M, Allen J, Altaye M, Amin MR, Bayan SL, Belafsky PC, Bock JM, DeSilva BW, Dion G, Ekbom DC, Friedman AD, Fritz M, Guardiani EA, Johnson C, Kasperbauer J, Kim B, Krekeler BN, Kuhn M, Kwak P, Ma Y, Madden LL, Matrka L, **Mayerhoff RM, Piraka C**, Rosen C, Tabangin M, Wilson K, Young VN, Postma G, and Howell RJ. Dysphagia Outcomes in Zenker Diverticulum: A Longitudinal POuCH Study. Laryngoscope 2025; Epub ahead of print. PMID: 40828004.

Henry Ford Health Otolaryngology Providers

To request a consult or referral to a Henry Ford Health physician, call (877) 434-7470 or refer a patient online.

Behavioral Health Psychologist

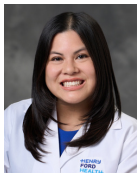


Elise Pearl, Ph.D.

Pediatric Otolaryngology

Ilaaf Darrat, M.D.
Division Head

Comprehensive Otolaryngology



Linh Dang, M.D.

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Pavan Reddy, M.D.

Joshua Romero, M.D.

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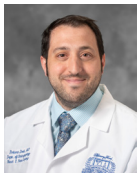

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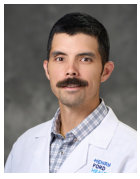
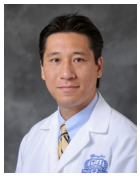


Tate Naylor, M.D.

Head and Neck Cancer Surgery



Steven Chang, M.D.
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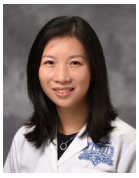

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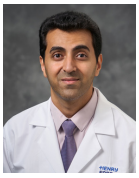
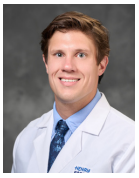


Rushil Dang, D.M.D., M.S.

Suhael Momin, M.D.



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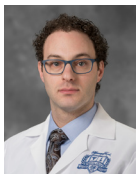

Ross Mayerhoff, M.D.
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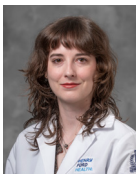

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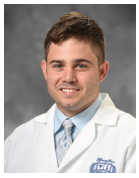

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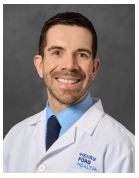

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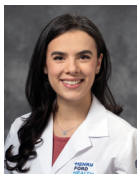

Angela Douglas, D.D.S.

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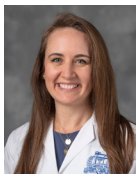
Otology and Neurotology



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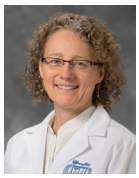

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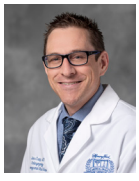

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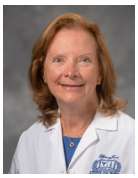

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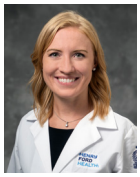

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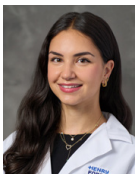

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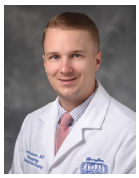

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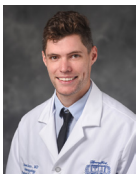

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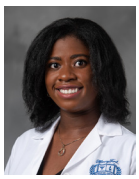

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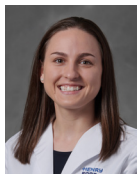

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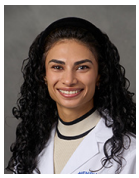

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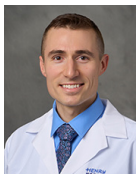

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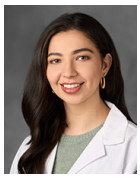

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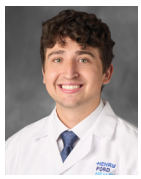
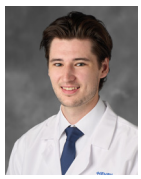
Humza Ali, DDS

Joel Chahal, DMD

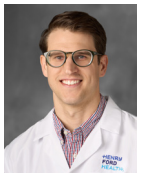


William Fabiano, DMD



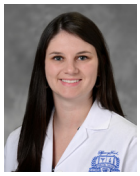
Cameron Szelesi, DMD

Head and Neck Fellow



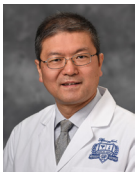
Vince Desiato, DO

Advanced Practice Practitioners



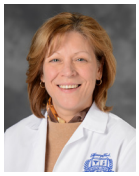
Rachel Bollman, M.S.P.A.S, P.A.-C.
Lead APP

Scott Boyd, P.A.-C

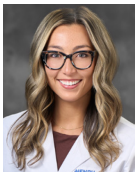


Wei Gao, M.S.M., P.A.-C.

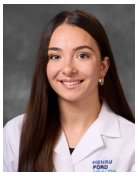
Alexis Hernandez, P.A.-C



Michelle Mardegian, P.A.-C.

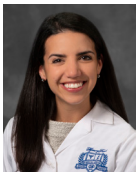


Hannah Miller, PA

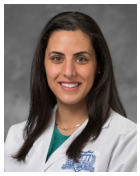


Batoul Nasser, PA

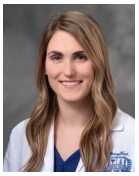
Kristen Patel, PA



Loren Perlberg, A.G.A.C.N.P., BC



Reema Rahal. P.N.C., CNP, A.G.N.P.-C.



Riley Robinson, P.A.-C.

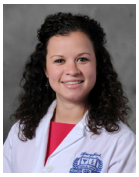
Elizabeth Steiner, P.A.-C.

Ghenoi Yasin, M.S.B.S., P.A.-C.

Audiologists

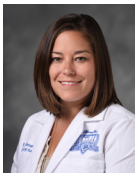
Brad Stach, Ph.D.
Division Head of Audiology

Patty Aldridge, AuD

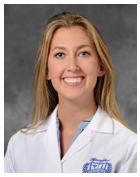


Erika Allan, AuD

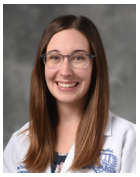
Taylor Arbogast, AuD



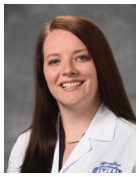
Erica Bennett, AuD, Ph.D.



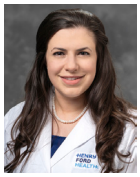
Ashley Bruce, AuD



Samantha Conn, AuD



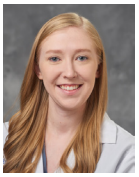
Chelsea Conrad, AuD



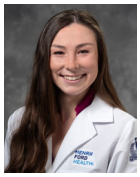
Lauren G Dadisho, AuD

Ashley Deeb, AuD

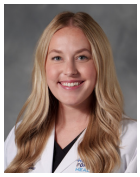
Garrett Findlater, AuD



Kassandra Fitzgerald, AuD

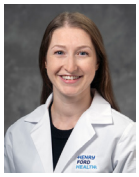


Emma I Garber, AuD

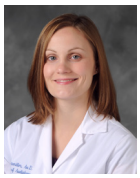


Haley Garr, AuD

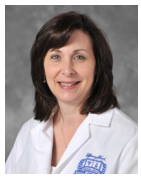
Mary J Kassa, AuD



Rachel Kirby, AuD

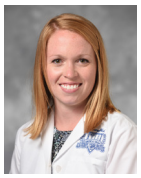


Kellie Kornmiller, AuD

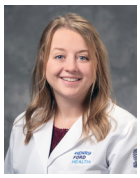


Jeanne Livernois, AuD

Brian C Lloyd, AuD

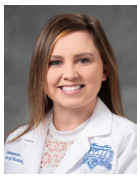


Katie Makowiec, AuD



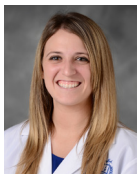
Ashley M Pudelek, AuD

Wendy Rizzo, AuD

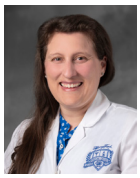


Nicole Satkowiak, AuD

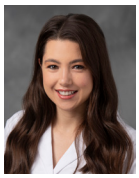
Karrie Slominski, AuD



Kaylee Smith, AuD



Jessica Strabbing, AuD



Nicole Velander, AuD