



67th Annual Meeting Banff, AB

"A Voice for Everyone"

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MINI WORKSHOP #1

Monday, June 3, 2013 - Cascade Ballroom

08:00-08:30 **Radiologic Anatomy of the Temporal Bone** – A. Kanaan, S. Daniel, Montreal, QC

LEARNING OBJECTIVES

At the end of this mini-workshop, participants will learn to identify the clinically relevant anatomy on CT scans of the temporal bone. Participants will acquire knowledge on variants of temporal bone anatomy as well as selected common temporal bone pathology.

ABSTRACT

The objective of this mini-workshop is to provide the participants with a detailed overview of the anatomy of temporal bone on CT scans. Axial, coronal and 3D reconstructions will be used to present the anatomy of important temporal bone structures such as the course of the facial nerve, semicircular canals, ossicular chain, the cochlea, the labyrinth, and the vestibular aqueduct amongst other structures. Clinically relevant temporal bone pathology cuts will also be presented.

MINI WORKSHOP #2

Monday, June 3, 2013 - Ivor Petrak Room

08:00-08:30 **Aspirin Desensitization in Aspirin-Exacerbated Respiratory Disease - How We Do It** – L. Sowerby, London, ON; E. Wright, Edmonton, AB; B. Rotenberg, W. Moote, C. O'Hara, London, ON

LEARNING OBJECTIVES

After attending the workshop, participants will: 1. understand the pathophysiology of disease and the pros and cons of Aspirin Desensitization in Samter's Triad patients. 2. have knowledge of two different models for completing aspirin desensitization. 3. be able to perform aspirin desensitization in a safe and effective manner to improve management of nasal polyposis.

ABSTRACT

Objective: Aspirin-Exacerbated Respiratory Disease (AERD), or Samter's Triad, is a clinical condition of nasal polyposis, asthma and aspirin sensitivity, caused by excessive production of leukotrienes. These patients present a challenge to the otolaryngologist, as nasal polyposis rapidly returns after surgery. Aspirin desensitization has been known for almost 30 years to help diminish nasal symptoms but it is not used regularly in Canada. Methods: A panel of 3 Otolaryngologists, a Clinical Allergist/Immunologist and a nurse practitioner will discuss methods and results for aspirin desensitization in two centres. Two different models are used - in one, the aspirin desensitization is performed by Allergy and Immunology while in the other, it is carried out under supervision of Otolaryngologists. Conclusion: Aspirin desensitization can be a valuable adjunct in management of both asthma and nasal polyposis in AERD patients. This workshop will help Otolaryngologists across the country incorporate aspirin desensitization into their practice.

MINI WORKSHOP #3 FACIAL PLASTICS

Monday, June 3, 2013 - Alhambra Ballroom

08:00-08:30 **Clinical Interpretation of Vestibular Tests** – B. Blakley, Winnipeg, MB

LEARNING OBJECTIVES

Learning objectives: After this program the participant will be able to: 1. Articulate a philosophy for clinical application of vestibular tests and, 2. describe the general methods, results and issues in rotary chair and VEMP testing.

ABSTRACT

There is a great need for objective testing in vestibular disorders. This mini-symposium will present a philosophy for understanding and applying rotary chair, vestibular-evoked myogenic potentials (VEMP) and caloric testing methods for clinical purposes. Pros and cons of different test methods and their application to patients will be emphasized. Criteria for "normal" and the basis of interpretation for patients and how these differ from research interpretations will be presented. Major issues in clinical vestibular testing include the difficulty relating test results to histologic or other objective data and correlation of test results with symptoms. How well can these be reconciled with current methods? Has modern

technology improved objective assessment? These questions will be addressed with original data as well as literature-based evidence.

MINI WORKSHOP #4 **FACIAL PLASTICS** **Monday, June 3, 2013 - Alhambra Ballroom**

15:30-16:00 **Functional Rhinoplasty: Going Beyond a “Just A Simple Septoplasty”** – K. Ansari, Edmonton, AB

LEARNING OBJECTIVES

At the end of the workshop, the learner will be able to: 1. List the indications of a 3 stage folded paramedian forehead flap (PMMF). 2. Describe the advantages of using this technique in the reconstruction of full thickness nasal defects compared to other accepted methods. 3. Outline the technical steps of a 3 stage PMMF. 4. Describe functional breathing and aesthetic results of this technique using validated disease specific, quality of life surveys.

ABSTRACT

Objective: The general otolaryngologist will be able to describe the assessment and surgical treatment of obstruction at the critical nasal valves of the external nose. Methods: Using key references in literature and patient case studies, the general otolaryngologist will be guided in the technical nuances of correcting obstruction at the various flow limiting segments of the external nose. Results: Studies using the “NOSE survey”, a validated disease specific quality survey for nasal obstruction, support the benefits of functional rhinoplasty in improving nasal breathing. Conclusion: Otolaryngologists must think beyond performing “just a septoplasty” and consider other techniques in functional rhinoplasty to comprehensively manage nasal obstruction in the external nose.

MINI WORKSHOP #5 **Tuesday, June 4 – Cascade Ballroom**

12:00-12:30 **Advanced Radiofrequency Techniques in Sleep Surgery** - B. Rotenberg, London, ON; E. Propst, Toronto, ON

LEARNING OBJECTIVES

By the end of the presentation, the audience will understand the role of radiofrequency surgery in treating sleep apnea, and improving patient pain and OSA outcomes.

ABSTRACT Introduction: Multilevel or multisite pharyngeal surgery is becoming the new standard in surgical treatment of obstructive sleep apnea (OSA). The purpose of this workshop is to review emerging radiofrequency technology in managing these patients and decreasing pain associated with multilevel sleep surgery. Methods: Presenters will review their techniques and the latest evidence in the pediatric and adult OSA populations, focussing on multi-level surgery using radiofrequency ablation technology. Video formats and evidence based medicine will be the focus of this small workshop. Results: N/A Conclusion: N/A

WORKSHOP #6 **Tuesday, June 4 - Alhambra Ballroom**

12:00-12:30 **How to Develop a Performance Assessment Planning Tool** – S. Daniel, Montreal, QC

LEARNING OBJECTIVES

By the end of this workshop the participants will acquire the skills to develop a performance assessment plan that can be carried into their practice. Participants will create their own plan that is relevant to their specific professional domain. Participants will also learn how to use MAINPORT to record their goals, and track their progress over time.

ABSTRACT

This workshop on performance assessment will provide participants with an opportunity to create a performance assessment plan that is specific to their professional interest in otolaryngology. This planning tool will be useful in reflecting on the key decisions and allows the participants to implement a plan when they return to their practice. The purpose of

assessing performance is not only to know where a person is already doing well but to also identify the areas where further improvement is either desirable or required.

WORKSHOP #7

Tuesday, June 4, 2013 – Ivor Petrak Room

12:00-12:30 **Using High-Fidelity Simulation to Teach Tracheostomy Crisis Management to Critical Care Fellows** - D. Eibling, K. Dedhia, C. Brackney, Pittsburgh, PA

LEARNING OBJECTIVES

1. To appreciate the potential for knowledge gaps in non-otolaryngologists when tasked with managing patients who have undergone tracheotomy or laryngectomy. 2. To recognize two common gaps in knowledge that may lead to patient injury or death due to post-operative airway crises following tracheostomy or laryngectomy. 3. To be able to construct a simulator-based training course for critical care fellows to address these potential knowledge gaps and enable learner practice in high-fidelity scenarios. 4. To generate increased interdisciplinary collaboration in simulator-based training to improve trainee learning across multiple specialties.

ABSTRACT

Background: Flaws in management of post-operative airway crises following tracheostomy or laryngectomy occasionally result in poor outcomes with patient morbidity and even mortality. Methods: We prepared and deployed a high-fidelity simulator-based course for critical care fellows to assist in learning optimal strategies to manage the displaced tracheostomy tube or plugged laryngectomy stoma. Results: Learner feed-back has been strongly positive. No data is available on whether training has translated into improvements in Patient Safety. Conclusions: Participants will be able to establish similar training programs in their own institutions. This mini workshop will outline the learning strategies, including review of props, scenario flow, and debriefing objectives. Video depiction of a scenario will be presented.

MINI WORKSHOP #8

Tuesday, June 4, 2013 – Cascade Ballroom

12:30-13:00 **How Bad is My Sleep? Moving Beyond the Sleep Study for Investigating Sleep Apnea**
– B. Rotenberg, London, ON; S. Morong, E. Propst, Toronto, ON

LEARNING OBJECTIVES

1) After attending the workshop, participants will understand the role of sleep MRI for investigating sleep apnea in children and adults. 2) After attending the workshop, participants will appreciate the evidence regarding diagnostic sleep endoscopy as a tool for investigating sleep apnea. 3) After attending the workshop, participants will appreciate the role of proxy measures and predictive equations in working-up sleep apnea.

ABSTRACT

Objective: Sleep studies are both costly and resource intensive. The objective of this workshop is to review new and emerging methods of apnea investigations, including predictive equations, sleep endoscopy, and sleep MRI. Methods: Presenters will review the literature and present their findings in a systematic manner, along with pearls gleaned from personal experience. Results: N/A Conclusion: N/A

WORKSHOP #9

Tuesday, June 4, 2013 – Alhambra Ballroom

12:30-13:00 **Benign Vocal Fold Lesions... Telling One from the Other and Technical Pearls for Their Management** – T. Brown, Halifax, NS; M. Allegretto, Edmonton, AB

LEARNING OBJECTIVES

By the end of the workshop, participants will be able to: 1. Clinically identify common benign vocal cord lesions and differentiate them from one another on endoscopy. 2. Be more familiar with the subspecialized instruments and techniques required for their phonosurgical removal.

ABSTRACT

There are a wide variety of benign vocal fold lesions but differentiating them from each other on endoscopy and deciding on management for them can be a challenge. Nomenclature for benign vocal fold lesions has been somewhat confused and inconsistent even among laryngologists. Operating on subtle lesions of the vocal folds requires care and precision to minimize damage to the delicate layered structure and prevent scarring. This workshop aims to help the the clinician differentiate between the common types of benign vocal fold lesions and will review the specialized instruments and techniques required for delicate phonosurgical procedures.

MINI WORKSHOP #10

Tuesday, June 4, 2013 - Ivor Petrak Room

12:30-13:00 Evidence-based Alcohol Withdrawal Clinical Strategy – T. Ross, Ottawa, ON

LEARNING OBJECTIVES

After attending the Mini-Workshop, the learner will: 1. Understand the physiological implications for a patient with alcohol dependency in the surgical setting; 2. Understand the best evidence based approach to: a. Developing / Utilizing a pre-surgical screening tool to allow detection of patients at risk for acute alcohol withdrawal; b. Appropriately consenting and preparing these patients for the OR and the perioperative period; c. Implementing the appropriate pharmaceutical treatment of alcohol withdrawal, including the appropriate pharmaceutical agents and dosages. 3. Be able to utilize the training tools implemented at our hospital to educate medical and interdisciplinary staff in the appropriate recognition of alcohol dependency and the appropriate treatment of alcohol withdrawal; 4. Be able to utilize our hospital's ENT treatment algorithm for patients experiencing alcohol withdrawal.

ABSTRACT

Objectives: The deleterious effects of alcohol abuse and dependency on many physiological processes, including immune, cardiovascular, hematological and neurological systems, are well established. In the surgical setting, an alcohol dependent person is, therefore, an immune compromised patient. Literature review in this area indicates that this suboptimal physiological status in the alcohol dependent patient leads to increased surgical complications, more frequent ICU admissions and longer hospital stays. Acute withdrawal from alcohol, given its biochemical effects, can also be dangerous, resulting in physiological compromise and possible collapse. These issues present significant challenges with respect to a subset of the ENT surgical population. An informal national survey revealed that other centres also grapple with the sequelae of the alcohol dependent patient but no comprehensive evidence based alcohol withdrawal protocol was being consistently utilized or implemented. Our objective was to develop an alcohol withdrawal clinical strategy, based on best evidence, in an effort to ameliorate many of these aforementioned adverse effects in our surgical patients. Methods: An extensive literature review and collaboration with addictions experts was undertaken. An Inter-professional addictions working group for the ENT department (the "group") was formulated. Results: Our group has formulated an evidence based alcohol withdrawal clinical strategy that encompasses detection, education, and appropriate treatment. Conclusion: Preliminary response indicates that the clinical effect of our strategy has been very beneficial. The focus of our workshop would be to share both our acquired information and experience, so that other centres may be assisted in developing similar type programs.