



67th Annual Meeting Banff, AB

"A Voice for Everyone"

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WORKSHOP #1 A CPD Workshop “What you Keep Asking For” **Sunday, June 2, 2013 - Cascade Ballroom**

11:15-12:00 **The Best Articles of the Last Year in Otolaryngology for the General Otolaryngologist**
– S. Kilty, J.P. Vaccani, M. Corsten, D. Schramm, Ottawa, ON

LEARNING OBJECTIVES

By the end of the session, the audience member will be able to identify three new and important publications which have been published during the last year in the subspecialty domains of oncology, rhinology, otology and pediatrics. By the end of the session, the audience member will be able to understand how the findings of these published articles can impact their clinical practice.

ABSTRACT

Objective: To provide a review of the most recent literature for the general otolaryngologist by reviewing the best practical articles published during the last year (between May 2012 to May 2013) in four subspecialty domains of Otolaryngology-Head & Neck Surgery: oncology, rhinology, otology and pediatrics. Methods: All articles published in a particular domain will be reviewed by one academic surgeon practicing in this subspecialty. From the initial Medline search the top three to four articles per subspecialty will be chosen for presentation. The articles presented will be chosen in part based on their general applicability for an Otolaryngologist-Head & Neck surgeon with a general practice. Results: The panel of experts will provide a structured review of the most relevant articles in the subspecialties of oncology, rhinology, otology and pediatrics. Conclusions: The audience member will be well informed about the most relevant practical publications in each of the 4 subspecialties in the past year.

WORKSHOP #2 **Sunday, June 2, 2013 - Alhambra Ballroom**

11:15-12:00 **Update on Melanoma of the Head & Neck: Applications to Clinical Practice** –K. Roth, C. Moore, S. Hamilton, C. Temple-Oberle, London, ON

LEARNING OBJECTIVES

Upon completion of this workshop, the practicing Otolaryngology – Head & Neck surgeon and resident, will be able to:1) Describe recent advances in the management of melanoma of the head & neck when considering the evidence from the literature.2) Appreciate the optimistic progress in medical treatment including the efficacy of ipilumimab and BRAF inhibitors; and understand how this affects the role of sentinel node biopsy for prognostication.3) Evaluate the use of radiotherapy for adjuvant treatment of melanoma, as it pertains to practical clinical application and to future outcomes research.4) Share challenges of sentinel node biopsy of the head & neck, and discuss practical tips to improve success rates of the procedure.5) Consider the opportunity for an expanding role for our specialty in the diagnosis and management of head & neck melanoma.

ABSTRACTS

OBJECTIVES: The literature around melanoma diagnosis and treatment is controversial and vast. The opportunity is ripe for expansion of the role of Oto-HNS in both melanoma research, and the expert care of the head and neck melanoma patient. METHODS: An evidence-based approach to head and neck melanoma cases forms the backbone of the workshop. Audience interaction will be facilitated through active learning strategies and cases selected to highlight the recent literature on the following issues: controversies in sentinel node biopsy and tips for success in the head & neck, indications and evidence for radiotherapy, and current advances in medical therapy including ipilumimab and BRAF inhibitors. Panelists offer expertise in IL-2 intralesional injections, reconstruction of cosmetically sensitive regions, radiotherapy for melanoma, and the perspective from a high volume community practice. RESULTS: Emphasis is on judicious clinical approaches for the Oto-HNS surgeon, applying evidence specific to the head and neck region and clinical practice guidelines. This update will benefit practicing otolaryngologists and residents with its focus on applicability to patient management and balanced discourse. A reflexive style and broad expertise of panelists will allow for maximal audience-generated discussion. CONCLUSIONS: The role of the Oto-HNS surgeon is evolving in the diagnosis and management of melanoma due to recognized expertise in regional anatomy, increasing melanoma incidence, and improved adjuvant treatment options. This workshop endeavors to provide participants with a succinct synthesis of the relevant literature while facilitating an improved understanding of the management of head and neck melanoma patients in their own practice.

WORKSHOP #3

Sunday, June 2, 2013 - Ivor Petrak Room

11:15-12:00 **What's in Your Laryngeal Toolbox? A Workshop on Equipment and the Technical Aspects of Adult Endolaryngeal Surgery** – D. Bosch, M. Allegretto, T. Brown, S. Patterson, Calgary, AB

LEARNING OBJECTIVES

By the end of this one hour workshop participants will be able to describe the different techniques and methods in modern endolaryngeal surgery, and be more familiar with large selection of equipment available.

ABSTRACTS

The Objectives of this workshop will be to review the equipment and various techniques available for safe and effective transoral laryngeal and tracheal surgery in adults. The workshop will be appropriate for residents as well as practicing otolaryngologists. Methods: The speakers (3 Otolaryngologists and one Anesthetist) will review the equipment and techniques available for safe and effective transoral laryngeal surgery in 2012. There will be important discussion about the collaboration with anaesthesia. The focus will be on adult laryngology, but the techniques can certainly be extrapolated for pediatrics. There will be case presentations to encourage audience and panel discussion. Results: Workshop/Not applicable. Conclusions: Operative laryngoscopy/bronchoscopy is a very common otolaryngologic procedure performed by most Otolaryngologists. This workshop is designed to refresh the practicing Otolaryngologist and Residents of the up to date equipment and multiple techniques available.

WORKSHOP #6

Sunday, June 2, 2013 - Cascade Ballroom

14:15-15:00 **Stopping the Noise: Diagnosis & Management of Patulous Eustachian Tube** – B. Rotenberg, London, ON; M. Bance, Halifax, NS; B. Westerberg, Vancouver, BC; J. Chau, Calgary, AB

LEARNING OBJECTIVES

1) After attending the workshop, participants will understand the role of both office and operating room based procedures in managing patulous Eustachian tube.

ABSTRACT

Objective: To review evidence based strategies for management of patients with patulous Eustachian tube. Specific topics to be reviewed include medical strategies, trans-otic surgeries, and endoscopic endonasal procedures. 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 #7

Sunday, June 2, 2013 - Ivor Petrak Room

14:15-15:00 **Testing a Research Hypothesis: Advanced Data Analysis Techniques** – D. Schramm, D. Fergusson, Ottawa, ON

LEARNING OBJECTIVES

Relevance and Purpose: This course will provide otolaryngologists with an understanding of the fundamentals of regression analysis techniques used to evaluate clinical research data. Objectives: At the conclusion of the workshop, participants will be able to: Describe methods used to analyze the relationship between an outcome (dependent) variable and one or more independent variables. Point out assumptions made with the use of regression analysis techniques. Understand basic model building techniques and regression diagnostics.

ABSTRACTS

Valid clinical research is the foundation of Evidence-Based Medicine. An understanding of the fundamentals of data analysis is essential for conducting and interpreting clinical research. This workshop will begin with a brief overview of descriptive statistics used to summarize data. Inferential statistical tests typically used to make predictions based on a data sample and test research hypotheses will be reviewed. The workshop will focus on the use of regression analysis to estimate the relationship between variables. Linear regression is used to evaluate the relationship of a continuous outcome (dependent)

variable and one or more independent (predictor) variables. Statistical assumptions for regression analysis will be discussed. Model building techniques and regression diagnostics will be reviewed. In linear regression, the least squares method is typically used for model fitting. Goodness of fit is evaluated using R-squared and analysis of the distribution of the residuals. The F-test is used to statistically evaluate the overall fit. Individual parameters are evaluated using the t-test. Other forms of regression analysis will be reviewed. Logistic regression evaluates the relationship of a categorical dependent variable and one or more independent variables. Longitudinal regression is used to study data obtained by repeated measurements over time. Management of "time to event" (survival) data will also be summarized. The workshop will conclude with a "synopsis of statistical tests" generally utilized with various types of data in order to guide participants in the correct choice and interpretation of statistical tests.

WORKSHOP #8

Monday, June 3, 2013 - Cascade Ballroom

10:45-12:00 **Management of Long-term Dysphagia in Post-treatment Head and Neck Cancer Patients and the Elderly** – J. Johnson, D. Eibling, Pittsburgh, PA

LEARNING OBJECTIVES

1. Understand risk of long-term dysphagia and its sequelae in post-treatment head and neck cancer patients. 2. Be aware of specific therapeutic interventions that can improve swallowing function and reduce risk of malnutrition, aspiration pneumonia, and help maximize QOL for these patients. 3. Understand how the physiologic changes of aging affect swallowing function. 4. Know current concepts regarding fragility and its impact on dysphagia and aspiration. 5. Learn specific frailty assessment strategies and the implications of these measures. 5. Be aware of recent clinical studies which support the use of tongue strengthening exercises to enhance swallowing function in patients with dysphagia.

ABSTRACT

Otolaryngologists often encounter patients suffering from dysphagia in their practices. Difficulties in eating and swallowing affect not only the quality of life for those affected, but for many the resultant nutritional deficits and pulmonary complications lead to increase in their co-morbidities and may even contribute to their demise. This workshop will address dysphagia affecting two groups of patients likely to be affected with long-term, progressive dysphagia; those who have been treated with chemo-radiation for head and neck cancer, and elderly patients with decreasing functional reserve and increasing frailty. This two part workshop will address both of these groups of patients, with an emphasis on learning new strategies that may be able to prevent or retard progression of dysphagia.

WORKSHOP #9

Monday, June 3, 2013 - Alhambra Ballroom

10:45-12:00 **An Update on Implantable Middle Ear and Bone Anchored Hearing Devices** – J. Kuthubutheen, V. Lin, C. Arnoldner, J. Chen, J. Nedzelski, Toronto, ON

LEARNING OBJECTIVES

1. By the end of this session, general otolaryngologists and residents will be able to gain a broad understanding of the current range of middle ear and bone anchored hearing devices. 2. By the end of this session, the audience will be able to identify potential candidates for middle ear and bone anchored hearing devices.

ABSTRACT

Objective: To give a broad overview of the current status and clinical use of implantable middle ear and bone anchored hearing devices. Methods: This workshop will present the current middle ear and bone anchored hearing devices available for the treatment of hearing loss. These devices are available for the complex hearing loss patient in whom conventional hearing aids are neither possible, nor effective. These include patients with single sided hearing loss, mixed hearing loss, recurrent otitis externa, medial canal fibrosis, severe chronic otitis media, failed ossiculoplasty and stapes surgery. This is a rapidly expanding field of otology and awareness of the range of options available is crucial for otolaryngologists and audiologists who manage patients with hearing loss. Results: We present a range of devices, some more established than others, and for each device discuss the basic design, indications, audiological and surgical criteria, techniques of insertion, outcomes and their application to the Canadian setting. These devices include the Vibrant Soundbridge (MED-EL), Bonebridge (MED-EL), BAHA (Cochlear Corp), DACS (Sonova), Esteem (Envoy Medical Corp), and Carina (Otologics LLC). Potential future directions will also be discussed. The workshop will be interactive and have a case-based approach.

Conclusions: Implantable middle ear and bone anchored hearing devices are a rapidly expanding field with a range of devices both currently available and under development. These devices are an option for patients who do not benefit from hearing aids nor fit the criteria for conventional cochlear implantation. An awareness of these devices means that potential patient candidates can be referred earlier for assessment and treatment.

WORKSHOP #10

Monday, June 3, 2013 - Ivor Petrak Room

10:45-12:00 **Ideas, Innovation and Invention** – M. Bromwich, Ottawa, ON; P. Campisi, Toronto, ON

LEARNING OBJECTIVES

By the end of the 90 minute session the learner will be able to participate in bio-entrepreneurship and understand the overall process of innovation and invention. Learners will understand that innovation often comes from physicians not vendors and that their involvement in the process is crucial. At the end of the didactic portion learners will use their new entrepreneurial knowledge about intellectual property, marketing and business development to develop and evaluate their own idea. By completing their own "innovation worksheet" during the session learners will have a roadmap, including milestones, of to how to create, design, protect, manufacture and market their invention.

ABSTRACT

Objectives: 1) Inspire attendees and foster bio-entrepreneurship within Otolaryngology Head and Neck Surgery. 2) Impress upon attendees that innovation comes from physicians not vendors. 3) Demystify the process of innovation and invention. 4) Provide the tools and knowledge to enable attendees to develop their own idea. Methods: The workshop will be presented using mixed modalities and last 90 mins: 1) Structured large group discussion (20 min). 2) Interactive polling (10 Min). 3) Micro didactic lectures from content experts (10min*4 experts = 40 min). 4) Open microphone for questions. 5) Small group working (5 min*4 sessions=20 min). 6) Individual invention worksheet/handout with resources (throughout). To begin, two bio-entrepreneurs will discuss with each other how/why they originally developed their idea. A poll of the audience will inform us on whom and why attendees are present. As the large group discussion progresses through each of 4 areas (IP / University, Funding/Grant / Team building, Engineering / Research / Design / Manufacturing, and sales / marketing) the specific content expert in that area will be invited to comment on the discussion and speak for 10 mins each. They can also interact with audience and the "bio-entrepreneur hosts" as microphones will be open for questions. Following each guided discussion regarding specific content areas attendees will be invited to complete their own worksheet about their own idea individually or in small groups for 5-minute periods. Results: At the end of the workshop attendees will have understood the development of at least 2 different Oto-HNS ideas, had the advice of 4 content experts and have developed a plan to take their own idea to the next level. Conclusions: It is the responsibility of every physician to further the science of his or her specialty. We must understand and engage in the process of innovation. We must invent the future of Otolaryngology-Head and Neck Surgery.

WORKSHOP #11 Facial Plastics

Monday, June 3, 2013 - Alhambra Ballroom

13:30-14:15 **Rhinoplasty for the General Otolaryngologist: A Simple Minimally Invasive Approach** – M. Samaha, Montreal, QC

LEARNING OBJECTIVES

1-Describe a systematic approach to pre-operative nasal analysis, with particular attention to potential pitfalls and deformities likely to result in complications. 2-Safely perform a simple, safe, minimally invasive and minimally traumatic endonasal rhinoplasty technique. 3-Apply specific tips and pearls in one's own practice for appropriately selected patients and procedures.

ABSTRACT

Rhinoplasty, with or without septoplasty, is one of the most commonly performed procedures by the otolaryngologist, for both cosmetic and functional indications. However, because of its complexity, rhinoplasty is one of the most challenging procedures performed in Otolaryngology, with a steep learning curve. Anatomic subtleties detected on pre-operative analysis by the experienced rhinoplasty surgeons may not be obvious to the novice and may result in post-operative surgical failure, with consequent disappointment to both surgeon and patient. A diagnostic approach is outlined to help the surgeon determine the types of deformity that are amenable to correction using simple techniques versus those that

should be referred for a more complex procedure. A rhinoplasty technique that is transferable to the inexperienced surgeon will be detailed step by step, including illustrations and video presentation. Emphasis will be placed on patient selection, appropriate setup and instrumentation, safety, anesthesia technique, and post-operative care. A clinical approach that can be applied and used by the surgeon inexperienced in rhinoplasty will be emphasized.

WORKSHOP #12 Facial Plastics **Monday, June 3, 2013 - Alhambra Ballroom**

14:15-15:00 **Why I Have Turned to the 3 Stage Folded Paramedian Forehead Flap in the Reconstruction of Full Thickness Nasal Defects after Skin Cancer Resection?** - K. Ansari, Edmonton, AB

LEARNING OBJECTIVES

At the end of the workshop, the learner will be able to: 1. Examine for the signs of obstructive nasal pathology at the various flow limiting segments of the external nose. 2. Describe the techniques utilized in correcting obstruction at these various sites in the external nose. 3. Discuss the literature supporting the benefits of functional rhinoplasty in correcting nasal obstruction.

ABSTRACT

Objectives: The author will describe the indications and benefits of a 3 stage folded paramedian forehead flap (PMMF), outline its technique, and highlight its outcomes in the reconstruction of full thickness nasal defects after skin cancer resection. Methods: The author will use 3 case studies to illustrate the learning objectives. Results: All 3 patients reconstructed with the 3 stage PMMF flap were satisfied with their appearance and nasal breathing. The functional outcomes are based on validated, disease specific, quality of life surveys. Specifically, the Skin Cancer Index survey was utilized to assess appearance while the NOSE survey was used assessed nasal breathing postoperatively. Conclusions: The 3 stage folded PMMF provides satisfactory aesthetic and functional breathing results in the reconstruction of full thickness nasal defects after skin cancer resection.

WORKSHOP #13 Facial Plastics **Monday, June 3, 2013 – Ivor Petrak Room**

16:00-17:00 **Facial and Nasal Reconstruction - A Balanced Approach** – S.M. Taylor, Halifax, NS; C. Moore, London, ON; K. Higgins, Toronto, ON; K. Ansari, Edmonton, AB

LEARNING OBJECTIVES

1) To discuss the various surgical approaches to nasal and facial reconstruction with an emphasis on locoregional flaps. 2) To outline the importance of a three layered nasal reconstruction addressing the nasal lining, supportive structure and skin coverage. 3) To describe some of the limitations and complications the reconstructive surgeon will encounter in facial reconstruction. 4) To enhance functional and esthetic patient outcomes following facial reconstruction.

ABSTRACT

Objective: To discuss surgical approaches to various defects of the nose and face. Methods: A panel format will be employed for this workshop. Expert surgeons in facial reconstructive surgery will be presented with a multitude of facial and nasal defects. A stepwise balanced approach to each defect will be stressed with each panel member describing in detail their surgical plan with technical pearls. Nasal and facial subunit principles will be adhered to with each reconstruction. A three layered nasal reconstruction will be emphasized to maximize patients' functional and esthetic result. The differing opinions amongst the panelists shall be encouraged to demonstrate the plethora of reconstructive options to the reconstructive surgeon.

WORKSHOP #14 **Tuesday, June 4, 2013 - Cascade Ballroom**

08:00-09:00 **Surgery Under Local Anesthesia in Otolaryngology-Head and Neck Surgery** – M. Samaha, Montreal, QC; D. Micomonaco, Sault Ste. Marie, ON; V. Lin, Toronto, ON; A. Mlynarek, Montreal, QC

LEARNING OBJECTIVES

1-Select the appropriate procedures and patients who could benefit from undergoing surgery under local anesthesia. 2-Describe the setup, safety precautions, instrumentation and support staff necessary to carry out surgical procedures under local anesthesia. 3-Apply specific tips and pearls in one's own practice to safely and effectively perform eligible procedures under local anesthesia.

ABSTRACT

Access to operating room resources continues to be a challenge for many otolaryngologists-head and neck surgeons in Canada, both in the community setting and in academic centers. Over the last few decades, a constriction of hospital resources has spurred a shift hospital bed utilization. Procedures previously requiring admission are now performed on an outpatient basis. We are currently facing constriction of operating room access in many hospitals around the country. As such, some procedures traditionally performed under general anesthesia are now being performed under local anesthesia, either in hospitals or in surgicenters. The goal of the workshop is to initiate the general otolaryngologist to the safe use of local anesthesia for certain procedures. A panel of experts representing otology, rhinology, head and neck oncology, and facial plastic and reconstructive surgery is assembled from across the country. The panel will emphasize a clinical approach. Procedures discussed will include nasal (endoscopic sinus surgery, septoplasty), otologic (tympanoplasty), (local facial flaps), and facial plastic (rhinoplasty, septoplasty). Patient selection, appropriate setup and instrumentation, safety, anesthesia technique, and post-operative precautions will be discussed. A practical approach that can be adopted in general otolaryngology practice will be highlighted.

WORKSHOP #16

Tuesday, June 4, 2013 - Ivor Petrak Room

08:00-09:00 **International Panel on Pediatric Voice Disorders** – S. Sobol, Montreal, QC; P. Campisi, Toronto, ON; A. Klein, N. Chadha, Vancouver, BC

LEARNING OBJECTIVES

The primary objective of this panel is to provide the audience with information related to the management of a variety of pediatric voice disorders. At the conclusion of the presentation, the audience will be able to: 1) Identify the most common causes of dysphonia in children. 2) Identify the management options for vocal fold nodules, laryngeal papillomas, vocal fold paralysis and functional dysphonia. 3) Understand the role of speech therapy for the management of the above mentioned conditions.

ABSTRACT

Voice abnormalities are a common and often underdiagnosed cause of morbidity in children. While most often benign, laryngeal abnormalities can have significant physical and psychosocial consequences when not managed appropriately. The objective of this panel is to provide the audience with up-to-date strategies for the management of a variety of pediatric voice disorders. The panel will present representative cases, highlighting the diagnostic work-up and management of pediatric voice abnormalities, including vocal fold nodules, vocal fold paralysis, respiratory papillomatosis and functional dysphonia. Discussion will include common presentations, subjective and objective assessments of voice, laryngeal visualization techniques, and both non-surgical and surgical treatments. The panelists will also discuss institutional and international differences in the management of these abnormalities. The multi-disciplinary approach will be emphasized, including the role of the speech pathologist.

WORKSHOP #17

Tuesday, June 4, 2013 - Cascade Ballroom

11:00-12:00 **An Honest Look at Mastoid Obliteration Using Autologous Tissues. One Technique, Four Centres: A Collaborative Workshop** – D. Morris, R. Pennings, Halifax, NS; A. Ho, Edmonton, AB; J. Savage, Sherbrooke, QC

LEARNING OBJECTIVES

By the end of the workshop, the audience will be able - 1. To consider the benefits and limitations of mastoid obliteration either at primary surgery or when faced with a problematic cavity in the clinic. 2. To explain the key steps involved when performing a mastoid obliteration. 3. To describe the specific technique outlined by the presenters using autologous grafts. 4. To evaluate the potential pitfalls of this procedure and the need for meticulous adherence to specific surgical steps

during the initial learning curve. 5. To consider the need for long term follow-up and the role of imaging in patients who have undergone this intervention.

ABSTRACT

Objectives: We hope to familiarize participants with the steps involved in mastoid obliteration with autologous tissues. Participants will take home details of a specific technique which we have found to provide consistent results and which is easy to learn and teach. **Methods:** A single technique for mastoid obliteration using autologous bone chips and bone pate has been used in the senior author's centre for the past 7 years. Fellows trained in our centre have adopted the technique and now share their experience of this surgery in their own patient populations. We will present a short historical perspective before covering indications, case selection and the setting of realistic expectations. The need for adherence to meticulous technique and lessons learned during the learning curve will be emphasized. The place of imaging and possible second look surgery in patient follow-up will also be addressed. **Results:** Collaborative data from four centres using a single surgical technique will be presented. Still and video presentations will capture the surgical procedure, step by step. Patient outcome measures will be presented. **Conclusions:** We conclude that mastoid obliteration using the technique described is a useful addition to the otologic armamentarium. In light of the experience presented, we encourage participants to consider this option.

WORKSHOP #18

Tuesday, June 4, 2013 - Alhambra Ballroom

11:00-12:00 **Widespread Adaptation of the Harmonic Scalpel in Head and Neck Surgery, in What Procedures Is It Worth It?** – D. O'Connell, J. Harris, Edmonton, AB; R. Hart, Halifax, NS; H. Seikaly, Edmonton, AB; S. Chandarana, Calgary, AB

LEARNING OBJECTIVES

At the end of this session participants will be able to: 1. Identify head and neck surgical procedures where the harmonic scalpel may be of benefit in terms of improved patient outcomes, improved surgical times or cost efficiency. 2. Compare surgical and patient related outcomes of using the harmonic scalpel versus other techniques in common head and neck surgical procedures. 3. Integrate the usage of the harmonic scalpel into a surgical practice if the participant feels the harmonic scalpel may be of benefit to their surgical practice. 4. Identify outcome measures that are adaptable to individual surgical practices to measure the potential usefulness of the harmonic scalpel for individual surgeons.

ABSTRACT

OBJECTIVES: To review a large series of patients undergoing different head and neck procedures including parotidectomy, thyroidectomy, parathyroidectomy, tumour extirpation, neck dissection, and microvascular free flap elevation where the harmonic scalpel(HS) was utilized. Surgical time, major and minor complication rates and surgeon comfort were reviewed. **METHODS:** 5 head and neck surgeons working in 3 separate academic tertiary care centres were included in this study. A retrospective multi-centre case series was generated by incorporating all patients who had procedures using HS. Where available retrospective cohorts of patients who had identical surgeries where HS was not utilized were used as a comparison group. **RESULTS:** Over 500 patients were included in this review. The majority of patients had thyroidectomy, neck dissection and free flap elevation procedures. Surgical time, and HS related complications were examined. Free flap elevation (fibular free flap and anterolateral thigh free flap) showed reduced times of 15-20% using the HS, other procedures including neck dissections and thyroidectomies showed differences between 0 – 20% utilizing the HS. There were no major complications with any procedures directly related to HS utilization. Surgeon opinions and personal experiences with the HS device were also examined. **CONCLUSIONS:** The HS device does provide a safe and reliable tool for enhancing some head and neck surgical procedures. Some surgeons advocate for aggressive utilization for the HS in the majority of head and neck procedures while others are more selective in identifying surgical procedures where an efficiency benefit may be seen.

WORKSHOP #19

Tuesday, June 4, 2013 - Ivor Petrak Room

11:00-12:00 **A Simulation-based Boot Camp for Junior ENT Residents – The Next Frontier in Medical Education** – K. Fung, B. Rotenberg, London, ON; D. Eibling, Pittsburgh, PA; K. Malloy, K. Roth, London

LEARNING OBJECTIVES

(i) To understand the basic pedagogical principles of simulation in medical education. (ii) To learn about task trainers for teaching fundamental emergency ENT skills. (iii) To appreciate the role of high fidelity and low fidelity simulators in

otolaryngology training, as well as the value of a multidisciplinary and multicenter collaborative approach. (iv) To apply the principles of simulation to post-graduate education, as it pertains to CanMEDS competencies, particularly non-medical expert (intrinsic) roles. (v) To generate discussion amongst program directors, leaders in medical education, trainees (students and residents), and others with an interest in educational scholarship, with an emphasis on programmatic feedback, curriculum development, and methods to enhance and encourage further multicenter collaboration.

ABSTRACT

Background: Emergencies in otolaryngology are high stakes, time-sensitive, complex, and mandate competence in multiple technical, clinical, professional, and behavioral skills. Junior residents are expected to manage these emergencies with little prior experience. The use of simulation has become increasingly prevalent in medical education. Methods: The first Canadian multicenter boot camp for junior ENT residents was successfully conducted in September 2012. This panel will (i) review the principles of simulation, (ii) describe our experience, and (iii) discuss challenges and future directions. Results: 28 residents (PGY-1 and 2) and 17 faculty from 10 academic institutions across Canada and the U.S. Learning objectives included CanMEDS competencies. The boot camp consisted of three parts (i) technical skills, (ii) emergency triage, (iii) emergency simulation scenarios. Skills stations included non-surgical and surgical airway management, epistaxis, peritonsillar abscess, post-tonsillectomy bleeding, and orbital hematoma. Novel simulators were developed for these stations. Pre-course surveys demonstrated a high level of discomfort with ENT emergencies. Post-course surveys demonstrated a high level of perceived educational benefit and improved confidence. A positive highlight was the concept of residents working with residents from other programs and learning from different faculty. Conclusions: A multi-center simulation-based educational intervention is feasible, and can incorporate multiple CanMEDS roles. Further study of short and long-term efficacy is warranted. A collaborative approach at the national level is the next logical step in the evolution of the next frontier in medical education.

WORKSHOP #20

Tuesday, June 4, 2013 - Ivor Petrak Room

15:15-16:30 **Role of the Nasal Airway in OSA: Current Concepts and Contemporary Surgical Techniques** – J. Chau, Winnipeg, MB; B. Rotenberg, London, ON; V.-I. Forest, Montreal, QC

LEARNING OBJECTIVES

The learning objectives for this OSA workshop are: 1. Review the role of the nasal airway in the pathogenesis and treatment of OSAS. 2. Discuss the role of nasal surgery in treating OSAS patients. 3. Review current concepts and techniques in nasal septal surgery. 4. Review current concepts and techniques in turbinoplasty. 5. Discuss and review current concepts and techniques in nasal valve surgery.

ABSTRACT

Objectives: The nasal airway plays an important role in the pathogenesis and subsequent treatment of obstructive sleep apnea syndrome (OSAS). The Otolaryngologist therefore plays a key role in the management of this nocturnal upper airway disorder both in terms of primary surgical management and in optimizing medical therapies. The objective of the workshop is to familiarize and review with the audience current concepts of the role of the nasal airway in managing OSAS. Surgical concepts will be emphasized. Methods: Didactic presentations from Academic Otolaryngologists practicing Sleep Surgery at 3 Canadian Universities, over a 90 minute workshop. A large portion of time will be allotted for questions and audience interaction. Local anesthesia and general anesthesia surgical techniques will be highlighted and discussed. Specific surgical procedures such as septoplasty (open and endoscopic), turbinoplasty and nasal valve surgery will be presented. Results/Conclusions: N/A

WORKSHOP #21

Tuesday, June 4, 2013 - Ivor Petrak Room

16:30-17:15 **Career Planning for Residents: An Essential Guide to Making the Right Choices** – M. Samaha, Montreal, QC

LEARNING OBJECTIVES

Outline different models of practice, including academic vs. non-academic, hospital-based vs. private, and group-based vs. solo. Analyze their interests, preferences, personal situation and draft a list of goals to use as a guideline in their decision-making process when starting a practice. Apply tips and pearls used by established practitioners to develop, optimize, and

grow their practice and direct it as it evolves. This includes building a referral base, growing a practice and steering it in the direction of one's choice.

ABSTRACT

Residents are seldom provided with formal teaching in such topics as career orientation, choice of type of practice, defining one's goals, establishing a practice and setting up an office/clinic. An overview and structured orientation into various aspects of career planning is part of many medical school curricula and even earlier at the high school level. However, few residents are given the tools necessary to make decisions before their graduation and the start of their clinical practice as independent practitioners. As a result, many newly-graduated residents or fellows at the start of their careers face issues for which they are unprepared. The goal of this workshop is to provide residents with the tools necessary to adopt a systematic approach to career planning and avoid many of the pitfalls that may be encountered as one is "finding one's way". A framework is presented to help the resident make a career choice, establish a practice and a referral basis, grow said practice and orient it according to his/her interests and priorities. The presenter combines an academic, hospital based, tertiary subspecialty practice (Rhinology) with a private practice in a different subspecialty (Facial Plastic Surgery) in addition to having had experience in community general otolaryngology early on in his career. He offers the perspective of both academic and non-academic Otolaryngology as well as hospital and private practice. Finally, specific tips and pearls are shared to aid the participants in making choices suited to their goals and interests.