# Needs Analysis Survey Paper

## Journals:

* [Journal of Otolaryngology - Head & Neck Surgery](https://journalotohns.biomedcentral.com/)
* Otolaryngologic Clinics

Using outline of “Endoscopic ear surgery in Canada:a cross-sectional study” by Jane Lea published in Journal of Otolaryngology – Head & Neck Surgery

## Abstract:

## Background:

Endoscopes are useful to visualize areas that are difficult to visualize without the endoscope including: sinus tympani, anterior and posterior epitympanum, hypotympanum [1] [2] and visualize past the shaft of the instrument, such as the drill, which is a problem during microscopic surgery[3]. As well, using the endoscope via the permeatal approach provides direct access and a wide view into the middle ear during surgery, reducing the time required to gain access into the middle ear and the time required to close after surgery [2] [4].

the members of the Canadian Society of Otolaryngology filled out a survey that characterized the current status of endoscopic ear surgery in Canada and reported a generally positive attitude toward endoscopes (81%) and their potential in the future of ear surgery [5]. 53% of the survey responders indicated they would likely use endoscopes in their own future practice [5]. This also showed that the main concern of TEES was the challenge of one-handed surgery and the advantage was reduced rates of residual disease [5]. Therefore, this method has been used to gain knowledge in the field of endoscopic surgery and has been accepted as a method by members of the Canadian Society of Otolaryngology and will be used in this study to answer similar questions.

## Methods:

The Canadian otologists’ EES survey has reported that 11% of otologists in Canada use TEES for cholesteatoma, tympanoplasty, ossicular reconstruction surgeries and they find the following factors difficult about TEES: single-handed surgery, efficiency/operative time, technical difficulty, cost, managing bleeding [5]. This questionnaire is intended to build upon this research by measuring the degree to which surgeons experience specific difficulties during surgery and whether these difficulties could be addressed by a specialized surgical tool. To develop the questionnaire, a literature search as well as interviews with local ear surgeons were used to collect a list of difficulties experienced during TEES and how to address these difficulties. The questionnaire asks surgeons to rate the degree of difficulty associated with specific tasks during TEES.

The difficulties are the following: (find sources to discuss each of these – try in mendeley library first)

## bleeding control

Managing bleeding has been reported as a challenge during TEES (by 24% of Canadian Otologist repondents in Lea et al.’s survey)[3] [5] [4]. Specialized instruments have been designed to incorporate a functional tip with a suction shaft, for example the Giuseppe Panetti round cutting knife with suction shaft which allows dissection and retraction of the tympanomeatal flap while suction-enabled so the surgeon does not need to switch instruments for suction [4]. Specialized instruments are being developed to mitigate the problem of bleeding control.

## reaching structures visualized by the endoscope

Difficult to reach anatomical recesses include the sinus tympani, facial recess and anterior epitympanic recess [4]. Specialized instruments that have a curved tip in order to reach structures visualized by the endoscope are also being developed, particularly instruments to reach the sinus tympani [4]. As well, residual cholesteatoma occurs if cholesteatoma is found in inaccessible areas [6] [7].

## cutting and removing bone

## keeping the endoscope lens clean

## moving and positioning a graft into the intended place

## dissection and removal of cholesteatoma

* The questionnaire uses an analog visual scale to rate the degree to which they experience a list of difficulties during TEES. An analog visual scale was chosen as it is a continuous rating scale and so respondents can pick any value between the boundary points and visually see where their answer lies in the scale [8] [9]. It is suggested that a continuous rating scale is advantageous compared to the five point likert scale because respondents do not need to subjectively discriminate between the five different rating categories and are not bound to only five answers the continuous visual analog scale can capture subjective phenomena quantitatively and can discriminate finer differences due to the larger range of possible scores, also makes it more likely that the data is normally distributed and can thus use parametric statistical analysis with a smaller sample size [8] [<http://www.statistik.tuwien.ac.at/forschung/SM/SM-2009-4complete.pdf>]. The values that describe the boundaries of the scale were taken from <http://psr.iq.harvard.edu/files/psr/files/PSRQuestionnaireTipSheet_0.pdf>, <http://www.uwex.edu/ces/4h/evaluation/documents/Wordingforratingscales.pdf> to make the values more meaningful.

### Statistical Analysis

http://blog.minitab.com/blog/adventures-in-statistics-2/choosing-between-a-nonparametric-test-and-a-parametric-test

* Descriptive statistics?
* How were the groups of respondents divided
* How were the survey questions analyzed?
* What program was used (JUMP v 13)

## Results:

* Study participants
* subheadings that describe the main ideas we want to convey
* Questionnaire was sent to (number of attendees at the 2nd world congress) many otologists
* 16/number of attendees at IWGEES responded

Questions:

* does the percent of surgeries done by TEES factor affect the difficulty during TEES result?
* Does the use of TEES instrument set factor affect the difficulty during TEES result?

## Discussion:

## Conclusion:

* key findings
* review main outcome measures
* compare key findings with other literature
* limitations of study
  + from Jane Lea’s study, there is a low adoption rate of TEES (is there an international number?) or if there are enough respondents, then can say that x% of respondents actually have TEES experience and due to this they have different difficulties depending on where they are in the learning curve
  + also if the residents answered then they are still learning core skills that’s why we asked what percent of surgeries are done endoscopically because even though a surgeon is experienced, TEES is very different from microscopic surgery and so we wanted to know experience on TEES specifically rather than total surgical experience

Notes from “Endoscopic and keyhole endoscope-assisted neurosurgical approaches: A qualitative survey on technical challenges and technological solutions” [10]

Methods:

* asked: name, surgical unit, subspecialty interests
* survey:
  + whether surgeon presently uses endoscopic/endoscopic assisted approaches
  + what they consider to be major technical barriers to adopting such approaches
  + technological advances they foresee improving safety and efficacy in the field
  + three authors analysed the survey

Results:

* + 40 neurosurgeons (16% response rate within the first week)
  + reported the percent of surgeons that did xyz types of surgery
  + detailed opinions on technical challenges:
    - grouped responses into specific themes: surgical approach with better integration with image guidance, intra-op visualization and improvement in neuroendoscopy, surgical manipulation and improvements in instruments
    - subthemes outlined in a figure e.g. for approach: integrated IGS, flexible access subthemes
  + paragraphs outlining the results of the themes
    - how many respondents suggested that theme?
    - E.g. How many respondents said endoscope image quality was a problem in the visualization theme?
  + Table outlining the subspecialties of the neurosurgeon respondents

Discussion:

* Why is endoscopy good (briefly)
* Recent advances in endoscopy technology – improved lenses, image quality, HD camera, screen
* Technical challenges of neuroendoscopy themes are mentioned in one sentence
* Discussion of the three themes: their current status clinically

Limitations of the study:

Small sample size, low response rate. Asked endoscopic ear surgeons/surgeons interested in TEES.

All members of SBNS were invited to participate in the survey but neurosurgeons self-selected if they had a specialist interest in neuroendoscopy, as seen by the high number of peadiatric and skull base neurosurgeons responding

“Purely Endoscopic Removal of Intraventricular Brain Tumors: A Consensus Opinion and Update”

* 15 out of 20 surveyed neurosurgeons responded

Introduction:

* background research
* questionnaire was designed and used to survey neurosurgeons who place a particular emphasis on endoscopic methods

Methods:

* questionnaire and survey
  + what led to the development of questions in the survey – literature search, interviewing fellow surgeons, attending the endoscopic ear surgery course
  + what was the questionnaire designed to do? Survey ear surgeons to figure out what difficulties they experience during TEES and would want new tools for
  + who was it sent out to? Ear surgeons who attended the 2nd world congress of EES to get a sense of what experienced surgeons who perform TEES feel, list other societies
  + how many responded?
  + Why did we select these societies?
  + Used a continuous rating scale with labels to help the participants gauge where they fit on the scale -
* Explain the different difficulties

Results:

Discussion:

* give a literature/background on the different difficulties

[11]

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