Endoscopic Ear Surgery Course

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Why EES? – Dr. Dave Pothier

* It is transcanal surgery of the middle ear
* Uses longer and less angled endoscopes
* It is NOT: checking after microscopic approach, ani-microscope, using 6cm 70 deg. Endoscope
* All pictures of interesting pathology are taken with microscope
* Microscope cannot see many cholesteatomas so use angled instruments and operate blind
  + Mastoidectomy is just for access, which is getting rid of healthy tissue therefore, use the endoscope to avoid this
  + Can’t see past the facial recess – forcing you to use angled instruments and operating blind behind the facial recess
* Ponticulus(coves sinus tympani) – can’t be seen via microscope but can see with endoscope
* Minimally invasive – doesn’t violate healthy tissue to get to the disease (uscope needs to violate mastoid, bone)
  + Faster after overcome learning curve
  + No scar, head bandage, removal of sutures/staples, less analgesia, soft tissue injury, shaving of hair – this is what patients are interested in
* Superior view of middle ear
* Small, hidden incision
* Less soft tissue trauma
* One-handed
* Technically demanding
* Requires familiarity with endoscopy
* Lengthy/gentle learning curve
* Endoscopes:
  + Diameter – 3mm, 4mm, 2.7mm for pediatric – 0, 30, 45, 70 deg
  + Vast majority done with 0 deg. (20% angled endoscope)
* Middle ear -> use endoscope
* Mastoid operation -> use microscope
* Question: at what point do you move onto the microscope if endoscope is not working