**Informal EES Feedback Notes**

23-Sep-2016: Dr. Cushing & Dr. James:

Q – Reasons to use endoscopy:

A – 1. avoiding incision which will be best for the patient 2. Endoscope allows visualization where traditionally you can’t 3. Surgeons want to use the latest skills and techniques

Q – What instruments should be developed?

A – making instruments go where we are looking, this is true for the microscope. Need to increase the reach with the end of the instrument used with endoscopic surgery. Want to access the deep facial recess, antrum.

* Combining functions eg. Combine suction with other instruments
* Ensure the instruments are similar to existing tools that surgeons are already familiar with in terms of looks, feel and grip – don’t want to learn to use a new instrument
* Use only a few instruments out of the set

Q – why use certain instruments? What are their advantages?

A - If the blade has the same curve as Rosen = more beneficial than straight

* Getting the graft in is tricky and requires ‘macro’ moves – making macro moves with the endoscope is tricky

Problem: putting tissues in tension with the non-dominant hand. Eg. Want to hold tissue while cutting it. Solution idea: suction slider along the endoscope, have a ‘clip’ to hold things like the malleus in place – currently using the cotton balls.

* Flexible sucker to bend in shape – ANSPNCH – irrigation tube

Problem: bleeding – develop instruments like cautery – add insulation to a tool

Ask surgeons informally what keeps them from using EES? – can compile these informal interviews into a questionnaire – tell them this is informal and confidential

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**Questions:**

1. What do you think about EES?
   1. Why do you do it or not do it?
   2. What are the advantages?
   3. When do you do it?
2. What do you think about the limitations of what can be done via endoscope?
   1. How much of those limitations are due to the instruments available?
   2. How do you think instruments can be improved to ease EES?
   3. What are things that you find difficult? What would put you off it? How can we overcome these obstacles?
3. (can bring up previous ideas for example: ) Do you require greater reach? What do you want instruments to do when reach is accomplished?
4. Do you need to put tissues in tension to facilitate the other hand’s function? For example to aid in cutting?
5. Do you require bleeding control?