

size lessons learned to include traumatic airway management, penetrating neck trauma, and bony/soft tissue reconstruction.

Otolaryngology in War: An Historical Perspective

Lawrence Lustig, MD (moderator); Robert Rubin; John Stanievich, MD; Calhoun Cunningham, MD; John House, MD

PROGRAM DESCRIPTION: War is as much a punishment to the punisher as to the sufferer, stated Thomas Jefferson. As long as there have been wars, there have been war injuries. With our focus on the head and neck, otolaryngology has been at the forefront of war and its casualties since the dawn of civilization. This symposium, sponsored by the History and Archives Committee, will examine otolaryngology during wartime throughout history. From the Iliad through the Middle Ages, and from the Civil War through the wars in Iraq and Afghanistan, we will highlight how wartime has influenced otolaryngology through these historical periods. We have chosen representative wars in human history to highlight the state of the art of otolaryngology during these important time periods. These include war injuries described in the Iliad, medieval wars, the Civil War, World War II, Vietnam, and personal experiences in the current war in Iraq and Afghanistan.

EDUCATIONAL OBJECTIVES: 1) Learn the ways otolaryngology has been instrumental in warfare throughout history. 2) Understand how trauma of the head and neck is a recurrent theme in warfare. 3) Apply historical principles of wartime otolaryngology to modern surgery and medicine.

The Media and You: Educate and Advocate

Peter Abramson, MD (moderator); Jeffrey Spiegel, MD; Wendy Stern, MD; Marcella Bothwell, MD; Jaspreet Dhaliwal, MD

PROGRAM DESCRIPTION: This miniseminar is a combined effort of the American Academy of Otolaryngology-Head and Neck Surgery's Media and Public Relations Committee and the Board of Governors. It will provide the otolaryngologist a better understanding of the physician/media relationship and how media can be used to provide important patient information to members of the community while building your practice at the same time. Many otolaryngologists do not realize that what they know and what they do on a daily basis can be a valuable resource for patients through the media. Attendees will learn how to put together an efficient media packet and distribute press releases. Media training and advice will be provided by a professional media consultant. The panelists will also include fellow otolaryngologists who have effectively used the media in television, internet, print and radio. Academy staff will also review the resources that are available to all academy members to help with their media opportunities. This not only provides important information, but can also promote your practice. There will be a section highlighting

basic tips on how to prepare a content-laden, informative website. The participant will also be shown how to provide print and television journalists with interesting ideas and stories that will lead to informative articles and news pieces. The panelists will attempt to demystify social networking sites such as Facebook and Twitter to show how they can be used for business and information dissemination purposes. One of the panelists has a health-based weekly radio show. You can learn how to position yourself as a guest expert on local radio and television, as well as prepare informative articles for magazines and newspapers. All attendees will get professional instruction on media interaction and how even the everyday ENT can be newsworthy. Everyone will receive a media packet that will help you get started. The media packet will focus on the November and December 2010 otolaryngology grassroots mini-campaign topics. It will include important tips, background information on the topic of the month, and prepared press releases so you can get started as soon as you get home from the Academy meeting.

EDUCATIONAL OBJECTIVES: 1) Understand the importance of media in the advocacy of otolaryngology and the individual medical practice. 2) Recognize media worthy information and topics in otolaryngology. 3) Be able to utilize essential techniques for effective patient education through multiple media sources.

Head and Neck Surgery

Controversies in Surgical Management of Parotid Tumors

Robert Witt, MD (moderator); David Eisele, MD; William Keane, MD; Johannes Zenk, MD; Edmund Pribitkin, MD

PROGRAM DESCRIPTION: Advances in parotid surgical technique have led to less invasive approaches to common salivary gland tumors like pleomorphic adenoma. This international panel will discuss the risks and benefits, pros and cons, and outcomes of parotidectomy (superficial and partial superficial) with facial nerve dissection and compare it to extra-capsular dissection. A careful analysis of the highlights of each technique will be debated. What patient is a candidate for extra-capsular dissection versus partial superficial parotidectomy with facial nerve dissection? What are the relative risks of permanent and transient facial nerve dysfunction, Frey's syndrome, hematoma, deformity, numbness, capsule rupture and sialocele? What are the outcomes data for recurrence? Underlying histology and its role in recurrence will be discussed. Pre-operative evaluation with imaging using ultrasound versus CT or MR and the role of fine needle aspiration will be defined. What are the patient's expectations? The use of nerve monitoring and the medical-legal perspectives are detailed. What if the final diagnosis is a malignancy? What is the role of immediate reconstruction?

EDUCATIONAL OBJECTIVES: 1) Learn about the avoidance and management of complications with partial superficial parotidectomy versus extracapsular dissection. 2) Understand the value of facial nerve monitoring, pre-op FNA and imaging. 3) Learn about immediate reconstruction and the patient's expectations.

Current Endoscopic and Robotic Management of Larynx and Pharynx Cancer

James Burns, MD (moderator); Bruce Haughey, MBChB, FRACS; Gregory Weinstein, MD; Steven Zeitels, MD

PROGRAM DESCRIPTION: Transoral treatment of larynx and pharynx cancer has been done for over a century. Despite substantial technical innovations such as enhanced imaging, innovative laser technologies, and robotics guidance systems, radiotherapy and/or chemotherapy dominate the treatment strategy at many institutions. In part, this is due to limited familiarity with recent novel endoscopic surgical approaches. Outcomes data on transoral microsurgical management for advanced oropharynx and larynx cancer will be presented to illustrate the efficacy of surgical management of these diseases. Robotics and laser photoangiolytic of laryngeal cancer are two emerging technologies that can enhance endoscopic surgery. These novel and innovative treatment technologies can potentially be combined in the future to expand the indications for endoscopic surgery. This miniseminar will highlight advantages and disadvantages of endoscopic techniques and update the attendees on state-of-the-art procedural innovations.

EDUCATIONAL OBJECTIVES: 1) Understand outcomes data on transoral laser microsurgery for advanced oropharyngeal and laryngeal cancer. 2) Understand the emerging role of robotics in endoscopic surgical management of larynx and pharynx. 3) Understand concepts of photoangiolytic in treatment of aerodigestive tract malignancy.

Difficult Technical Maneuvers in Thyroid Surgery

Ralph Tufano, MD (moderator); David Goldenberg, MD; Robert Ferris, MD, PhD; David Steward, MD; Lisa Orloff, MD

PROGRAM DESCRIPTION: There are technical maneuvers in thyroid surgery that at times can be difficult and challenging. The panelists in this miniseminar will utilize intraoperative video and pictures to promote an open and honest discussion about areas where surgical technique is of paramount importance to patient outcomes. Emphasis will be on how to successfully perform these maneuvers so that all thyroid surgeons can strive to optimize outcomes on a consistent basis. The technical challenges faced and the methods that will be discussed include: 1) safe dissection of Berry's ligament leaving little to no remnant, 2) complete removal of the superior pole

while preserving the external branch of the superior laryngeal nerve, 3) anterior and posterior mediastinal goiter delivery 4) preservation of parathyroid tissue and prevention of permanent hypoparathyroidism, 5) management of the recurrent laryngeal nerve when involved by primary and recurrent thyroid cancer, and 6) management of tracheal invasion.

EDUCATIONAL OBJECTIVES: 1) Understand why optimally performing these difficult maneuvers in thyroid surgery are critical to patient outcomes. 2) Learn how to safely and effectively perform these difficult maneuvers to optimize patient outcomes. 3) Be able to discuss the technology available to help perform these difficult maneuvers safely.

Head and Neck Defects: The Microvascular Tipping Point

Donald Weed, MD (moderator); Lisa Shnayder, MD; Stephen Bayles, MD; Samir Khariwala, MD

PROGRAM DESCRIPTION: Reconstruction after resection of cancers of the tongue, mandible and hypopharynx/larynx often require complex decisions to maximize functional outcomes postoperatively and to minimize peri-operative complications. It can be difficult to decide when to refer a patient to a reconstructive microsurgeon and when to use conventional reconstructive techniques. Advances in head and neck microsurgical reconstructive techniques have expanded the head and neck ablative surgeon's capabilities by providing safe options to improve functional outcome. While the simplest options should always be considered first, patient and defect factors will dictate best reconstructive choice. Primary closure may be an optimal choice in the non-irradiated surgical bed, however indications for its use in irradiated tissue are more limited. Free tissue transfers are technically complex and require the expertise of a microvascular surgeon, but offer advantages in their versatility with regard to the optimal match of the tissue to be reconstructed and fewer limitations regarding anatomic location of flap inset. The choice of a reconstructive option requires consideration of a complex array of issues including patient factors, co-morbidities, availability of institutional resources and, most importantly, functional outcome. This miniseminar presents a defect-based approach to reconstruction, focusing on defects of the tongue, mandible and the pharyngo-esophagus. The panelists will discuss reconstructive options for these specific defects along the spectrum from primary closure, to local or pedicled flaps, to free tissue transfer. This discussion will define in a practical manner where along this spectrum is the tipping point for each defect beyond which free tissue transfer would offer significant functional advantages over other options. Guidelines for reconstruction in the context of primary treatment vs. salvage surgery post chemo-radiation will be emphasized. Movement of this tipping point as it affects functional outcome will be discussed in the context of patient factors such as radiation status and co-morbidities, and availability of institutional resources. The presentation will be in an