Endoscopic Ear Surgery on Humanitarian Missions

Philip Littlefield, MD

Sharp Rees-Stealy Medical Group
San Diego, CA
I do not have any financial disclosures or conflicts of interest.
<table>
<thead>
<tr>
<th>Humanitarian</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palau</td>
<td>South Korea</td>
</tr>
<tr>
<td>Honduras</td>
<td>Iraq</td>
</tr>
<tr>
<td>Yap</td>
<td>Okinawa</td>
</tr>
<tr>
<td>2013</td>
<td>2014, 2016</td>
</tr>
<tr>
<td>Chuuk (Truk)</td>
<td>Vietnam</td>
</tr>
<tr>
<td>2013</td>
<td>2015</td>
</tr>
</tbody>
</table>
Palau annually since 97
Sri Lanka 04, 09
India 05
Mongolia 05
Bangladesh 07, 08, 10, 12
Vietnam 07
Malaysia 08
Cambodia 08
Yap 09, 13
Nepal 11
Phillippines 12
Chuuk 13
Is it safe?
Is it helpful?
Do I still need a microscope?
Essentials

Two of each endoscope
Two HD cameras
One video source (with HDMI output)
Borrow or buy an HDTV on site
A Successful Trip

Nobody was arrested
All important items were packed
The equipment made it back home
No major complications
A news story
True Success

Choosing cases that matter

Cholesteatoma

Good long-term outcomes

(Even if there is no follow-up care)

Low residual disease

Low recurrent disease
MONDAY, 4/15/13

1st Case:
- Left Hemithyroidectomy - Trippler

2nd "
- Left Tympanoplasty - Trippler

3rd "
- Right Thyroid Lobectomy - Trippler

TUESDAY: 4/16/13

1st Case:
- Right Hemithyroidectomy

2nd "
- Left Tympanoplasty

3rd "
- Right Thyroid Lobectomy

WEDNESDAY: 4/17/13

1st Case:
- Right Tympanoplasty

2nd "
- Right Thyroid Lobectomy

THURSDAY: 4/18/13

1st Case:

2nd "

3rd "

FRIDAY: 4/19/13
Before You Go

Outline your treatment philosophy
How will the mission disrupt this?
Consider the environment, standards of care, ethical dilemmas, etc.
Devise an adapted treatment strategy
Mastoid Cholesteatoma on CT, or Previous Techniques Insufficient

Small mastoid - Canal-wall-down mastoidectomy with bone pate obliteration

Large mastoid - Canal-wall-reconstruction mastoidectomy with bone pate obliteration (Gantz technique)

Use endoscopes to assure that the retrotympanum, hypotympanum, and protympanum are cleared
What Maximizes Benefit?

Endoscope first, go as far as you can, then decide if mastoidectomy is necessary.

Save time and start with a mastoidectomy, finish with an endoscope if needed.

Can you get a CT?
Probably no laser
What follow-up care is possible?
Unique patient characteristics?
Conclusions

There are compelling reasons to use endoscopes on mission trips

Acceptable impact on packing list

Plan ahead and think through your treatment strategy ahead of time

Be flexible and adaptive