Schulich MEDICINE & DENTISTRY

Western

52nd Anniversary of Residents' Research Day in the Department of Otolaryngology – Head and Neck Surgery

Friday, May 22, 2025

Hosted at the

London Hunt and Country Club
1431 Oxford St W.
London, ON, N6H 1W1

https://www.schulich.uwo.ca/otolaryngology/cme/researchday/2026.html

PROGRAM

OVERALL LEARNING OBJECTIVES

By the end of this program, participants will be able to:

1. Critically appraise the scientific presentations with respect to methodology and clinical applicability pertaining to Otolaryngology – Head and Neck Surgery.
2. Discuss the scientific presentations and reflect on their potential implications for patient care.

STUDY CREDITS

DISCLOSURES

* I have/ **have not had in the past 2 years a financial interest, arrangement, or affiliation with one or more organizations that could be perceived as a direct or indirect conflict of interest in the context or content of this education program.

Continuing Professional Development Planning Committee

- Dr. Peng You*
  - *Smith & Nephew: consulting fee*
- Dr. Josée Paradis**
- Dr. Camilla Stepniak **
- Dr. Sumit Agrawal *
  - *MED-EL: surgical board advisory*
- Dr. Leigh Sowerby *
  - *AstraZeneca, GSK, Sanofi: consulting fees*
  - *AstraZeneca, GSK, Sanofi, Paladin, Olympus: speaker and consulting fees*
  - *AstraZeneca, Sanofi, Eli Lilly, GSK, Insmed, Medtronic: clinical trials*
  - *Freudenberg Medical, Neilmed: product/device patent*

Session Chairs

- Dr. Danielle MacNeil (A.M.)
- Dr. Leigh Sowerby (P.M.)

At least 25% of this program is dedicated to participant interaction.

DISTINGUISHED VISITING PROFESSOR

Dr. Yuri Agrawal, MD, MPH, FACS

Department Chair – Otolaryngology – Head & Neck Surgery
University of Colorado Anschutz

"Vestibular Loss and Cognition in Aging Adults"

By the end of this session, participants will be able to:

1. Assess the link between vestibular and cognitive function
2. Review the current clinical trials in patients with Alzheimer's disease
3. Discuss the career journey of an academic otolaryngologist

Dr. Agrawal is Professor and Chair of the Department of Otolaryngology-Head and Neck Surgery at the University of Colorado. Her clinical practice is focused on the medical and surgical treatment of otologic and neurotologic conditions.

She serves as the Treasurer of the Triological Society, a Director on the American Academy of Otolaryngology's Board of Directors, Council Member of the American Board of Otolaryngology, Council Member of the American Association of Directors of Otolaryngology, and Past-President of the Association for Research in Otolaryngology.

DISTINGUISHED GUEST ALUMNUS

Dr. Brandon Wickens, MD, FRCSC

Head of Service, Otolaryngology–Head and Neck Surgery
Niagara Health System

"Building a Sustainable Career in Otolaryngology: Lessons from Ten Years in Community Practice"

By the end of this session, participants will be able to:

1. Identify common—and modifiable—drivers of stress and burnout across the first decade of independent practice
2. Apply evidence-informed strategies to protect long-term joy, engagement, and clinical performance
3. Explain how decisions about practice design, team culture, and life outside of work influence career longevity and satisfaction

Dr. Brandon Wickens completed his residency in Otolaryngology–Head and Neck Surgery at Western University, followed by a fellowship in Otology at Dalhousie University. He currently practices in the Niagara region, where he serves as Head of Service for Otolaryngology–Head and Neck Surgery at Niagara Health.

Dr. Wickens holds faculty appointments at McMaster University and Western University and is actively involved in medical student and resident education. He lives in Niagara with his wife, Courtney, and their three children—Emma, Brynn, and Callum.

ITINERARY

A.M. SESSION

08:00 – 08:25 Coffee in Exhibitor Area

08:25 – 08:35 Welcome

08:35 – 08:50 Educational Objectives and Call to Order

08:50 – 09:00 **Dr. Andrew Kokavec** (Supervisor: Dr. Leigh Sowerby)

Stellate Ganglion Block with Lidocaine for the Treatment of COVID-19-Induced Parosmia: Double-Blinded, Placebo-Controlled Randomized Clinical Trial (STELLA)

Background: COVID-19-induced parosmia is estimated to affect 1.2 million people in the United States. This study explores the efficacy and safety of ultrasound guided Stellate Ganglion Block (SGB), hypothesized to correct hyper-sympathetic activation associated with Long COVID.
Objectives: This randomized clinical trial seeks to assess the efficacy of Stellate Ganglion Block in treating parosmia when compared to placebo.
Methods: This study was a prospective double-blinded, placebo-controlled, randomized clinical trial. Subjects were volunteers aged 18–70 with a COVID-19 diagnosis >= 6months prior. Of 44 planned participants, an interim analysis was performed on the first 23 randomized individuals (12 SGB; 10 placebo; 1 withdrawal). The primary outcome was improvement in parosmia-related quality of life via the DisODOR questionnaire (MCID = 15) done pre-intervention and at 1, 3, and 12 months post. Secondary outcomes included CGI-S, UPSIT, and HADS.
Results: Median enrolment ages were similar. Majority of participants were female (83% in SGB and 100% in placebo). Compared to pre-intervention, DisODOR scores at one-month post-intervention decreased by a median of 7.0 (SGB) vs. 6.5 (placebo) [MD 0.5; 95% CI, -15.0 to 14.0]. At three months, scores decreased by 8.0 (SGB) vs. 12.5 (placebo) [MD -4.5; 95% CI, -21.0 to 14.5]. The response rate (reduction >= MCID) was 41.6% vs. 30.0% at one month [difference 11.7%; 95% CI, -26.7% to 48.3%], and 25.0% vs. 40.0% at three months [difference -15.0%; 95% CI, -53.3% to 23.3], for SGB and placebo, respectively. All other secondary outcome measures did not demonstrate a significant difference between groups. No serious adverse events were reported.
Conclusions: This RCT's interim analysis found that SGB is not superior to placebo in treating COVID-19 parosmia. However, both groups showed significant benefit from baseline, highlighting the need for further research into alternative mechanisms and future patient selection.

09:00 – 09:05 Interactive Discussion

09:05 – 09:15 **Dr. Ayushi Bhatt** (Supervisor: Dr. Julie Strychowsky)

Triple Scopes, Triple Bottom Line: Efficiency, Care, and Carbon Savings in Pediatric Aerodigestive Practice

Background: Healthcare significantly contributes to greenhouse gas emissions and operating rooms among the most resource-intensive areas of the hospital. An academic pediatric hospital implemented collaborative care models, where children needing multiple aerodigestive scopes receive them under one anesthetic.
Objectives: This study examines the impact of combined paediatric aerodigestive scopes on the triple bottom line of system efficiency, patient care, and carbon footprint.
Methods: All pediatric patients undergoing combined aerodigestive scopes (independent procedures performed by two or more physicians under one anesthetic) from September 1 2023 to August 31 2025 were included. Combinations of direct laryngoscopy/bronchoscopy (DLB), flexible bronchoscopy (bronch) and esophagogastroduodenoscopy (EGD) were assessed.
Results: Interim analysis identified 105 combined cases: 77.1% (n=81) DLB/bronch, 14.3% (n=15) DLB/EGD, 7.6% (n=8) triple scopes and 0.95% bronch/EGD (n=1). Triple scopes resulted in a mean 85.0% reduction in total procedure time and 59.0% reduction in time under anesthesia compared to performing these scopes individually. Similarly, combined DLB/bronch resulted in a mean 64.0% reduction in total procedure time and 60.4% reduction in time under anesthesia, while DLB/EGD resulted in an 84.9% and 57.6% reduction respectively. Double scopes saved 30.8kg CO_2 e/patient and $52.39/patient in parking costs, while triple scopes saved 155 kg CO_2e/patient and $270.79/patient compared to if these scopes were performed on separate visits.
Conclusions: Joint surgical events reduce the number of anesthetic exposures and hospital visits, with additional benefits of improved health system efficiency, lowering costs, and carbon emission reduction.

09:15 – 09:20 Interactive Discussion

09:20 – 09:30

Dr. Jamila Skinner (Supervisors: Drs. Adrian Mendez and Danielle MacNeil)

Brief Electrical Stimulation of the Spinal Accessory Nerve to Prevent Shoulder Dysfunction Post-Neck Dissection: A Randomized Controlled Trial

Background: Advanced head and neck cancers are often treated with surgical resection including neck dissection; unfortunately, manipulation of the spinal accessory nerve during this procedure can result in persistent, life-altering shoulder dysfunction. This randomized controlled trial aims to determine whether brief electrical stimulation (BES) of the spinal accessory nerve at the time of neck dissection can improve postoperative shoulder function in patients with advanced head and neck cancer.
Objectives: The primary outcome measure is postoperative shoulder function, assessed through validated patient-reported questionnaires including the SPADI, NDII, and Edmonton-33. Secondary outcomes include objective measures of shoulder range of motion and strength, evaluated bilaterally at three postoperative timepoints using an inclinometer and dynamometer, respectively.
Methods: This randomized controlled trial, conducted between 2024 and 2025 at Victoria Hospital in London, Ontario, investigates patients with head and neck cancer undergoing neck dissection. Participants are randomized into two groups: a brief electrical stimulation (BES) group and a control group. In the BES group, an automated periodic stimulation electrode cuff is placed around the spinal accessory nerve intraoperatively following neck dissection, delivering stimulation at 20 Hz, 3–5 V, with 100 msec pulses for 60 minutes. The control group receives no stimulation, which is the current standard of care.
Independent variables include the treatment group (BES vs. control) and time. Preliminary analyses of this ongoing study involve assessing group differences using repeated measures ANOVA
Results: Although data analysis is ongoing, preliminary results from 22 patients who have completed their one-month follow-up show trends consistent with expected postoperative changes following neck dissection. Both shoulder range of motion ($p = 0.001$) and strength ($p = 0.309$) declined at one month, reflecting the typical early postoperative course. However, patients in the BES group demonstrated a smaller mean decline in shoulder abduction from baseline to one month compared to controls, suggesting possible early preservation of mobility, though this difference did not reach statistical significance ($p = 0.643$). The BES group also exhibited a slightly greater reduction in mean shoulder strength at one month, again this was not statistically significant ($p = 0.889$) and likely reflects early variability within a limited sample. Across all three validated patient-reported outcome measures, the BES group reported fewer symptoms and less functional impairment than the control group, indicating a potential early benefit of brief electrical stimulation on postoperative shoulder recovery.
Conclusions: While preliminary findings are encouraging, early data show no statistically significant differences between the BES and control groups in patient-reported outcomes, shoulder strength, or range of motion at one month postoperatively. These initial results suggest that the effects of brief electrical stimulation on postoperative shoulder recovery remain inconclusive at this stage. However, trends toward reduced symptom burden and better preservation of mobility in the BES group indicate a potential early benefit that warrants further investigation. By the time of presentation, a greater sample size and additional follow-up data across multiple postoperative intervals are expected, which will strengthen the analysis and may yield statistically and clinically significant findings. If these emerging trends hold, the impact of BES could represent a meaningful advancement in improving shoulder function and quality of life following neck dissection for head and neck cancer.

09:30 – 09:35

Interactive Discussion

09:35 – 10:05

Intermission: Coffee with Exhibitors

10:05 – 10:10

Call to Order

10:10 – 10:20

Dr. Jess Rhee (Supervisor: Dr. Brian Rotenberg)

Breaking Social Media Fads and Uncovering the Safety and Efficacy of Mouth Taping in Patients with Mouth Breathing, Sleep Disordered Breathing, or Obstructive Sleep Apnea: A Systematic Review

Background: Social media has contributed to a potentially unsafe trend of nighttime mouth taping for individuals with mouth breathing, sleep disordered breathing, or sleep apnea as a home remedy to treat these issues. This systematic review is aimed to highlight any potential benefits or harms with this practice.
Objectives: This study aims to recognize the prevalence and impact of sleep apnea and mouth breathing in the general population, elucidate the social media of mouth taping and the lack of evidence to support its claims, and review the literature and risk associated with this practice
Methods: A comprehensive librarian-designed literature search was performed using PRISMA guidelines. Using search terms, “mouth taping, adhesive mouthpiece, porous oral patch, surgical tape, breathing mouthpiece, sleep, microsleep, breath, breathing, or mouth breathing”, MEDLINE, Embase, and Google Scholar were searched from February 1999 to February 2024. Covidence software was used for screening and data entry performed into a data collection sheet designed a priori.

Results: Covidence software was utilized to screen 120 articles. After 34 duplicates were removed, 86 articles were screened by two independent reviewers. Sixty-two were excluded. Twenty-four went on to full text review and 10 met inclusion criteria with a total of 213 patients. Two studies showed statistically significant improvement in established markers of sleep apnea such as apnea-hypopnea index (AHI) or oxygen desaturations. Other studies showed that mouth taping offered no differences and even discussed potential risks including asphyxiation in the presence of nasal obstruction. Many studies excluded anyone with nasal obstruction or pathology.
Conclusion: The social media trend of mouth taping for individuals with mouth breathing, sleep disordered breathing, or sleep apnea has been reviewed. Based on the data presented by these 10 different studies, it seems that there is a serious risk of harm for individuals practicing this trend. Further studies are required to elucidate any clinical benefit this practice may have.

10:20 – 10:25 Interactive Discussion

10:25 – 10:35 **Dr. Justin Shapiro** (Supervisor: Dr. Brian Rotenberg)

The Role of Nasal Filler in Managing Cocaine-Induced Saddle Nose Deformity

Background and Objective: Saddle nose deformity (SND) secondary to chronic intranasal cocaine use presents a complex reconstructive challenge due to ischemic mucosal and cartilaginous loss. Many affected patients are poor surgical candidates owing to ongoing cocaine use, impaired vascularity, or extensive septal destruction. Injectable fillers have emerged as a minimally invasive, cost-effective alternative for selected cases. This study describes our technique using Revanesse Sculpt for nonsurgical correction of cocaine-associated SND and evaluates cosmetic and functional outcomes.
Methods: A retrospective single-centre chart review was conducted for patients treated between January 2020 and June 2025. Eligible patients had SND secondary to cocaine use or granulomatosis with polyangiitis and underwent Revanesse Sculpt injection with documented pre- and post-treatment photographs and Standardized Cosmesis and Health Nasal Outcomes Survey (SCHNOS) scores. Under local anesthesia, Doppler ultrasound mapping identified key perinasal vessels to guide safe midline filler placement.
Results: Six patients met inclusion criteria. All demonstrated visible improvement in nasal contour, height, and projection. Mean SCHNOS scores improved from 43.3 pre-treatment to 25.3 post-treatment at three months. No major complications or vascular events occurred; mild transient erythema was noted in two patients. Four patients underwent repeat injections at six months for maintenance.
Conclusion: Revanesse Sculpt offers a safe, reproducible, and cost-effective nonsurgical option for temporary correction of cocaine-induced SND. While results are not permanent, this technique provides meaningful cosmetic and functional improvement for patients unsuitable for formal reconstructive surgery.

10:35 – 10:40 Interactive Discussion

10:40 – 10:45 Introduction of Dr. Yuri Agrawal, Distinguished Visiting Professor

10:45 – 11:30 **Dr. Yuri Agrawal: Vestibular Loss and Cognition in Aging Adults**

By the end of this session, participants will be able to:

1. Assess the link between vestibular and cognitive function
2. Review current clinical trials in patients with Alzheimer's disease
3. Discuss the career journey of an academic otolaryngologist

In this talk, the relationship between vestibular loss and cognitive impairment in aging adults will be reviewed. The lecture will focus on evidence from both animal models and clinical populations, with a focus on older adults with Alzheimer’s disease. We will also discuss pearls about building a career in academic otolaryngology from residency to early and mid-career stages.

11:30 – 11:45 Interactive Discussion

11:45 – 12:50 Group Photo in Ballroom followed by Lunch

ITINERARY

P.M. SESSION

12:50 – 13:10 Welcome Back and Call to Order

13:10 – 13:20 **Dr. Keshi Kirubalingam** (Supervisor: Dr. Sumit Agrawal)

Evaluating the Safety and Efficacy of Robot-Assisted Cochlear Implant Electrode Array Insertion

Background: Robotic-assisted cochlear implantation (CI) may enhance surgical precision and reduce intracochlear trauma, yet clinical evidence remains limited. This study reports one of the first real-world clinical cohorts evaluating the safety, accuracy, and early auditory outcomes of robot-assisted insertion using the OTODRIVE® system.
Objective: To evaluate the safety, accuracy, and early hearing outcomes of robot-assisted CI electrode array insertion using the OTODRIVE® system.
Methods: A retrospective review was conducted of adult patients who underwent robot-assisted cochlear implantation from February to August 2025 at a single tertiary care center. Patient demographics and operative variables were collected. Postoperative cone-beam computed tomography quantified planned versus achieved angular insertion depth (AID) and electrode position. Hearing outcomes included unaided and aided pure-tone averages (PTAs) and AzBio sentence scores at three months postoperatively.
Results: The review identified 39 patients, mean age of 59.5 ± 19.2 years, with 59% male participants. The most common aetiology of hearing loss was idiopathic sudden sensorineural hearing loss. Mean total surgical time was 122.2 ± 49.4 minutes. No intraoperative complications or robotic-related adverse events occurred. Audiologic outcomes demonstrated significant improvement, with a mean pre-operative unaided pure-tone average of 92.4 ± 16.7 dB HL, improving to a postoperative aided pure-tone average of 31.6 ± 6.3 dB HL. Mean AzBio sentence recognition scores increased from 18.1% pre-operatively to 75.7% post-operatively, representing a 57.6% absolute improvement. Mean cochlear duct length was 34.6 ± 1.6 mm, and the planned versus achieved AIDs were 582.7° ± 35.2° and 569.0° ± 38.9°, respectively. Full insertion was achieved in 89.7% of implanted ears, with no tip fold-overs or electrode malposition identified.
Conclusions: Robot-assisted cochlear implantation using the OTODRIVE® system is safe, precise, and associated with meaningful early hearing improvement. These findings provide early clinical validation supporting the integration of robotic assistance into routine cochlear implant surgery.

13:20 – 13:25 Interactive Discussion

13:25 – 13:35 **Dr. Olivia Ginty** (Supervisor: Dr. Julie Strychowsky)

Challenging the Norm: Reevaluating Post-Tonsillectomy Monitoring Practices

Background: Post-tonsillectomy pediatric patients are routinely monitored for a mandatory period due to postoperative risks, namely primary hemorrhage. As tonsillectomy is one of the most performed surgeries in Canada, this monitoring time contributes greatly to system-level logistical pressures. Globally, these required monitoring periods vary from 2-6 hours. Thus, we aim to assess the impact of reducing this monitoring period on the Triple Bottom Line, integrating economic, environmental, and social outcomes.
Objective: To assess the impact of reducing this monitoring period on the Triple Bottom Line, integrating economic, environmental, and social outcomes.
Methods: The Institute for Healthcare Improvement framework for accelerating improvement structured our informed execution of reducing the minimum 4-hour monitoring period, permitting discharge when general discharge Phase 1 [post-anesthetic care unit (PACU)] and Phase 2 [day surgery unit (DSU)] criteria are met, at a Canadian hospital. Healthcare providers and families were surveyed, and postoperative outcomes measured, before and after the minimum 4-hour period was removed.
minimum 4-hour period was removed.
Results: In a pre-implementation audit, the mean time from arrival to PACU to discharge readiness was 143min [total =PACU(92.2+/-17.2)+DSU(50.9+/-32.6)], about 100min under the 4-hour period. All families cited preparedness for discharge, and most felt the 4-hour period increased stress (4/7,57%). Most nurses felt that the 4-hour period caused unnecessary patient flow delays if hydration remained optimized (12/13,92%). We predict our post-implementation results could reflect a >100-min reduction in postoperative stay and save $87,000 and 937.5kg of CO_2 emissions annually ($2.90/bed min, 0.03125kg$CO_2$/bed/min, and 300 annual pediatric tonsillectomies).
Conclusions: Removing mandatory postoperative monitoring for tonsillectomies demonstrates a combined economic, environmental, and social benefit for patients and their institutions.

13:35 – 13:40 Interactive Discussion

13:40 – 13:50

Dr. Emily Aleksa (Supervisor: Dr. Corey Moore)

Addressing Tension of Paramedian Forehead Flap Donor Site Closure: A Two-Part Study

Background: The paramedian forehead flap (PMFF) remains a trusted reconstructive technique in reconstruction of complex nasal defects, but donor site closure under tension can risk dehiscence and poor scarring. In this two-part study, closure forces for PMFF donor sites are evaluated in a cadaveric model using varied closure techniques. Additionally, a retrospective review of PMFF donor site outcomes with varied closure techniques assesses patient satisfaction and scar outcome.
Objectives: This study reviews the challenges of PMFF donor site closure and assesses the impact of advancement flap techniques on wound tension, scar outcomes, and patient satisfaction.
Methods: Part 1: Cadaveric Models
Fifteen fresh frozen cadaveric specimens were randomized to three groups by PMFF width (1.5cm, 3cm, or 4.5cm). Using a 6-degree-of-freedom robotic system, forces required for primary closure, hemicoronal flap advancement, and bicoronal flap advancement were measured. Force comparisons across techniques were analyzed using the Friedman test with post-hoc Wilcoxon signed-rank tests.
Part 2: Retrospective Review
108 patients that required PMFFs following excision of cutaneous malignancy between January 2015 and December 2023 by a single surgeon were reviewed. Defect size, location, postoperative complications, and the validated Patient and Observer Scar Assessment Scale (POSAS) were used to assess patient satisfaction and the donor site scar quality.
Results: Part 1: Cadaveric Model
Primary closure forces averaged 9.1±0.4N, 29.0±4.2N, and 47.3±6.8N for 1.5cm, 3cm, and 4.5cm defects, respectively. Suture failure occurred in 80% of 4.5cm defects before achieving primary closure. Hemicoronal advancement flap closure reduced forces by 42–64%, and bicoronal advancement flap closure reduced forces by 77–86% when compared to primary closure. Friedman analysis confirmed significant differences in closure forces across techniques ($\chi^2 = 10.0$, $p = 0.0067$), while Wilcoxon pairwise comparisons showed consistent trends toward lower forces with advancement flaps, though not statistically significant.
Part 2: Retrospective Review
Overall, 50.9% of PMFF donor sites were closed primarily, 16.7% with a skin graft, and 32.4% with a hemicoronal advancement flap. Primary closure exhibited higher complication rates and worse scar quality (POSAS 40) in 2-4 cm defects compared to defects <2 cm (POSAS 15). Skin graft closure demonstrated the poorest scar quality (POSAS 42), though no complications. Hemicoronal advancement flap closure demonstrated the best scar quality (POSAS 9 for 2-4cm defects and POSAS 14 for defects >4cm), with no complications.
Conclusions: Coronal advancement flaps provide a substantial biomechanical advantage for PMFF donor site closure. Statistical analysis in this cadaveric model supports the observed trends of tension reduction and improved scar outcomes, reinforcing the clinical benefit of hemicoronal and bicoronal advancement flaps for moderate to large defects.

13:50 – 13:55

Interactive Discussion

13:55 – 14:05

Dr. Karan Gandhi (Supervisor: Dr. Peng You)

Adopting Pediatric Intracapsular Coblation Tonsillectomy to Reduce Post-Tonsillectomy Hemorrhage Through a Quality Improvement Framework

Background: Post-tonsillectomy hemorrhage (PTH) is a potentially life-threatening complication of tonsillectomy, one of the most common pediatric surgical procedures. At Children's Hospital, London Health Sciences Centre (CH-LHSC), baseline PTH was approximately 3%. prompting a quality improvement (QI) initiative. Intracapsular coblation tonsillectomy (ICT) may reduce hemorrhage risk compared to extracapsular monopolar tonsillectomy (EMT) by preserving the tonsillar capsule and utilizing lower-temperature radiofrequency energy.
Objectives: To reduce PTH rate by 50% within 12 months of implementing ICT at CH-LHSC. Secondary objectives included comparing emergency department (ED) visits within 14 days, hospital re-admissions, and patient satisfaction between ICT and EMT as well as learner feedback.
Methods: Quality improvement project using the Institute for Healthcare Improvement Model for Improvement with plan-do-study-act (PDSA) cycles. A pre- and post-intervention study design was used with statistical process control (SPC) chart analysis. Pediatric patients who underwent tonsillectomy between Jan 2024 and Feb 2025 was reviewed with adoption of ICT as the preferred tonsillectomy technique beginning April 2024, replacing EMT.
Results: Of 366 [PY2.1]tonsillectomies (162 ICT, 206 EMT), the mean age was 6.9 years with 92.9% of the surgery performed for sleep disordered breathing. SPC chart analysis demonstrated a significant decrease in return to ED within 14 days (16% to 7%), return to ED for hemorrhage (5.7% to 1%), and return to OR for hemorrhage (3% to 0%) following ICT implementation in April 2024. Three patients required OR for PTH, all in the EMT group (1.5%); none in the ICT group (0%, $p = .259$). ICT was associated with significantly fewer post-operative re-admissions (0.6% vs 4.4%, $p = .028$) but longer mean OR time (42.99 vs 31.34 minutes, $p < .001$).

Among 62 surveyed parents, 59.7% reported recovery was easier than expected. Among 8 residents, 87.5% preferred ICT for future practice and 100% supported its adoption as the institutional standard.
Conclusion: Adoption of intracapsular coblation tonsillectomy within a structured QI framework was associated with reduced hemorrhage-related healthcare utilization and reduced operative returns for pediatric PTH during the post-implementation period. ICT appears to be a safe, and effective strategy to reduce post-tonsillectomy morbidity with high satisfaction among caregivers and trainees. Ongoing analysis will assess cost, patient-reported outcomes, and long-term balancing measures.

14:05 – 14:10 Interactive Discussion

14:10 – 14:40 Intermission: Coffee with Exhibitors

14:40 – 14:45 Call to Order

14:45 – 14:55 **Dr. Zaid Almubarak** (Supervisors: Dr. Danielle MacNeil)

Optimizing Postoperative Recovery in Head and Neck Free Flap Patients: A Quality Improvement Initiative

Background and Objectives: Free flap reconstruction for head and neck cancer is associated with prolonged hospitalization and high resource use. A quality improvement (QI) initiative applying Enhanced Recovery After Surgery (ERAS) principles was implemented to develop three risk-adapted postoperative pathways aimed at safely reducing hospital length of stay (LOS) without compromising patient outcomes.
Methods: A QI framework using Plan-Do-Study-Act cycles was implemented to prospectively evaluate three risk-adapted postoperative airway management pathways. Patients were stratified by tumor subsite, prior radiotherapy, and reconstructive complexity. The three pathways were defined as follows: Cohort 1: No tracheostomy; Cohort 2: Early decannulation and oral feeding; Cohort 3: Routine tracheostomy. The primary outcome was hospital LOS, while secondary outcomes included postoperative complications and 30-day readmission rate.
Results: Prospective data were collected from November 13, 2024, to November 13, 2025, including 104 patients (62 males, 42 females; mean age 65.8 years). The median LOS was 6.5 days (range 4–20) for Cohort 1, 9.0 days (range 5–51) for Cohort 2, and 11.0 days (range 6–50) for Cohort 3, with an overall median LOS of 9.0 days (range 4–51). 72 patients (69.2%) had tracheostomies; 58 (55.8%) were decannulated before discharge. The overall 30-day readmission rate was 5.8%. No increase in airway or fistula related complications was observed among patients managed without tracheostomy or with early decannulation.
Conclusion: Implementation of structured, risk-adapted postoperative pathways for head and neck free flap patients effectively reduced hospital LOS without increasing complication or readmission rates.

14:55 – 15:00 Interactive Discussion

15:00 – 15:05 Introduction of Dr. Brandon Wickens, Distinguished Guest Alumnus

15:05 – 15:50 **Dr. Brandon Wickens: Building a Sustainable Career in Otolaryngology: Lessons from Ten Years in Community Practice**

By the end of this session, participants will be able to:
1. Identify common—and modifiable—drivers of stress and burnout across the first decade of independent practice
2. Apply evidence-informed strategies to protect long-term joy, engagement, and clinical performance
3. Explain how decisions about practice design, team culture, and life outside of work influence career longevity and satisfaction

The transition from residency to independent practice is rewarding, but it also exposes early-career surgeons to pressures that can erode satisfaction if left unaddressed. Time needs to be devoted to building a career that promotes long-term well-being, engagement, and professional growth. Drawing from the first ten years in practice, this presentation outlines practical and evidence-informed strategies important for burnout reduction and career sustainability. Using real-world examples, the session illustrates the features of practice and schedule design that impact quality of life and performance. Whether building a new practice or refining an established one, attendees will leave with tools to shape a sustainable and fulfilling career.

15:50 – 16:05 Interactive Discussion

16:05 – 16:10 Residents Day Attendee Draw

16:10 – 16:15 Simon Kirby Most Caring Resident Award

16:15 – 16:20 Evaluation Form Completion

16:20 – 16:25 Closing Educational Remarks

AWARDS AND PRIZES

C. A. THOMPSON AWARD for SCIENTIFIC ACHIEVEMENT
Presented for the most impactful research project

PETER CHESKI INNOVATIVE RESEARCH AWARD
Presented for the most innovative research project

DR. W. GREGORY CHERNOFF IMPACTFUL PRESENTATION AWARD
Presented for the most skillfully presented project

SIMON KIRBY MOST CARING RESIDENT AWARD
Presented to the resident who demonstrates excellence in compassionate care

RESIDENT TEACHING AWARD for UNDERGRADUATE EDUCATION
Presented to the resident with the highest teaching evaluation

DR. MARK TAYLOR RESIDENT TEACHING AWARD FOR POSTGRADUATE EDUCATION
Presented to a senior resident who has provided consistently outstanding teaching experiences to their junior residents

CHESKI INNOVATIVE RESIDENTS RESEARCH FUND AWARD
Presented for the most novel research project

EXCELLENCE IN UNDERGRADUATE MEDICAL EDUCATION AWARD
Presented to a faculty member who has demonstrated excellence in undergraduate medical education to all students

CLINICAL TEACHER'S AWARD FOR RESIDENCY TEACHING
Presented to a faculty member who has provided consistently outstanding teaching experiences to all Residents

CLINICAL MENTORSHIP AWARD
Presented to a faculty member who demonstrates a deep commitment to guiding and supporting Residents in all aspects of their development as future physicians and surgeons

THIS PROGRAM HAS RECEIVED AN EDUCATIONAL GRANT OR IN-KIND SUPPORT FROM:

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