

LSU Health
NEW ORLEANS

School of Medicine

Department of Otolaryngology
Head and Neck Surgery

The Twenty-Fifth Annual
Resident Research and Alumni Day
Dedicated to Mervin L. Trail, MD

Invited Guest Lecturer:

Scott P. Stringer, MD, MS

Professor and Chairman

Department of Otolaryngology – Head & Neck Surgery

University of Mississippi Medical Center

June 17, 2022

New Orleans, Louisiana

CONGRATULATIONS



Tyler J. McElwee, MD
*Facial Plastic & Reconstructive
Surgery Fellowship
Atlanta, Georgia*



Palak B. Patel, MD
*Austin Regional Clinic
Austin, Texas*



Christine L. Settoon, MD
*Pediatric Otolaryngology Fellowship
Philadelphia, Pennsylvania*



Jacob B. Kahane, MD
*University of New Mexico
Albuquerque, New Mexico*

2022 GRADUATES



Dear Alumni, Faculty, Residents and Friends of the Department:

It is with great pleasure that we welcome you to the 25th Annual LSU Department of Otolaryngology- Head and Neck Surgery **Resident Research and Alumni Day**, dedicated since 2003 to Mervin L. Trail, MD. This special event recognizes the scholarly activities of our residents, students, fellows and faculty, and acknowledges the contributions made by the alumni of our Department in support of the educational process.

This year, we are excited to host this event in person again for the first time since the start of the global coronavirus pandemic. For convenience, we will also offer an option for participation virtually.

This program booklet contains a summary of presentations of original research conducted by LSU Otolaryngology residents and fellow. Every year, each resident is required to conduct a scientific research project. Upon completion of the project, the resident is required to write a summary manuscript that is fit for submission to a peer-reviewed journal. We emphasize the principles of research that are important for clinical practice, including focus, strategy, planning, scientific reasoning, problem solving, critique, documentation and presentation skills. The research must conform to generally accepted standards of experimental design, data collection and analysis. The enclosed abstracts illustrate and add to the tradition of excellence that has been the hallmark of our Department for many years.

I thank the many people in our Department who make this event possible. We are grateful to Lacey Adkins, MD, our Interim Director of Clinical Research, and Leslie Son, PhD, our Academic Research Coordinator. The Department's Faculty mentors, whose names are listed as co-authors with each individual abstract, deserve special recognition for providing guidance and mentorship to our residents in their research endeavors.

Finally, I would like to express our sincere thanks to the administrative staff in our Department, including Alison Kern, CPA, Andrelle Causey, MSHCM, Annette Barnes, RN, Elizabeth Yanes, MPH, Margaret Quick and our Residency/Fellowship Coordinators, Michelle Falgoust, MBA, and Therese DeMouy, MD, who have all been a tremendous help to our residents and fellow in this process.

We welcome and appreciate your participation in this event.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Nuss". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Daniel W. Nuss, MD, FACS
George D. Lyons Professor and Chairman
Department of Otolaryngology
Head and Neck Surgery

Guest of Honor

Scott P. Stringer, MD, MS

Professor and Chairman, Department of Otolaryngology – Head & Neck Surgery
University of Mississippi Medical Center
Jackson, Mississippi

Previous Guests of Honor

1997	Austin I. King, MD, FACS	2011	Keith E. Blackwell, MD
1998	E. Gaylon McCollough, MD, FACS	2012	Cherie-Ann O. Nathan, MD, FACS
1999	Carl H. Snyderman, MD, FACS	2013	Guido V. DeJesus, MD
2000	Moisés A. Arriaga, MD, FACS	2014	Eugene N. Myers, MD, FACS
2001	Ricardo L. Carrau, MD, FACS	2015	Richard W. Waguespack, MD
2002	Dean M. Toriumi, MD, FACS	2016	Paul A. Levine, MD
2003	Charles W. Cummings, MD, FACS	2017	Travis T. Tollefson, MD, MPH, FACS
2004	George D. Lyons, MD, FACS	2018	Harold C. Pillsbury, MD, FAC
2005	Pierre N. Lavertu, MD	2019	Gresham T. Richter, MD, FACS, FAAP
2008	David W. Eisele, MD	2020	Scott P. Stringer, MD, MS
2009	Berrylin J. Ferguson, MD, FACS	2021	Mark S. Courey, MD
2010	James Y. Suen, MD		

Alumnus of the Year Recipients

1997	Ray J. Lousteau, MD	2010	R. Graham Boyce, MD, FACS
1998	Joseph J. Creely, MD	2011	Michael A. Hagmann, MD
1999	Louis G. Cucinotta, MD	2012	George D. Lyons, MD
2000	Herbert W. Marks, MD	2013	Robert G. Peden, MD
2001	Douglas B. Webster, PhD	2014	Daniel W. Nuss, MD, FACS
2002	Charles I. Berlin, PhD	2015	Laura T. Hetzler, MD, FACS
2003	R. Patrick Cecola, MD	2016	Justin M. Tenney, MD
2004	Bradley J. Chastant, MD	2017	Kevin McLaughlin, MD
2005	Robin J. Barry, MD	2018	Anna M. Pou, MD
2006	Peter L. Rigby, MD	2019	Jennifer Daigle-Hanby, MD
2007	Jeffery J. Joseph, MD	2020	Mary A. Fazekas-May, MD
2008	Michael D. DiLeo, MD	2021	Andrew J. McWhorter, MD
2009	Evelyn A. Kluka, MD		

Teacher of the Year Recipients

2007	Anna M. Pou, MD	2015	Phillip G. Allen, MD
2008	James Garitty, MD	2016	Bradley J. Chastant, MD
2009	Robert G. Peden, MD	2017	Robert G. Peden, MD
2010	Justin M. Tenney, MD	2018	Jennifer Daigle-Hanby, MD
2011	Jennifer Daigle, MD	2019	Michael E. Dunham, MD, FACS
2012	Kevin E. McLaughlin, MD	2020	Rahul Mehta, MD
2013	Daniel W. Nuss, MD, FACS	2021	Lacey K. Adkins, MD
2014	Rohan R. Walvekar, MD		

Previous Resident Research Award Winners

1997	Matthew K. Money, MD & Kathy L. Chauvin, MD	2010	Jacques E. Gaudet, MD
1998	Michael J. Hammett MD	2011	Jacques E. Gaudet, MD
1999	Chen Xie, MD	2012	Jacques E. Gaudet, MD
2000	P. Elise Scallan-Lalonde, MD	2013	Neal M. Jackson, MD
2001	Matthew H. Steele, MD	2014	Kevin Taheri, MD
2002	Darryl T. Mueller, MD	2015	Evan Longfield, MD
2003	Jason P. Hunt, MD	2016	Rachel A. Barry, MD
2004	Robert E. Ostendorf, MD	2017	Tyler W. Crosby, MD
2005	Justin M. Tenney, MD	2018	Tyler W. Crosby, MD
2007	Emily L. Burke, MD	2019	Vilija Vaitaitis, MD
2008	Amy G. Rabalais, MD	2020	Tyler W. Crosby, MD
2009	Brad W. LeBert, MD	2021	Tyler W. Crosby, MD

Organizing Committee

Daniel W. Nuss, MD, FACS

George D. Lyons Professor and Chairman

Laura T. Hetzler, MD, FACS

Associate Professor and Program Director
Vice Chair of the
Department of Otolaryngology

Stephen C. Hernandez, MD

Assistant Professor and
Associate Program Director

Lacey K. Adkins, MD

Assistant Professor and
Interim Director of Clinical Research

Leslie S. Son, PhD

Academic Research Coordinator
Departments of Surgery and Otolaryngology
Our Lady of the Lake Regional Medical Center
Office of Research

Panel of Judges

Takeshi Ikuma, PhD

Instructor – Research
Otolaryngology – Head & Neck Surgery

Jason Mussell, PhD

Associate Professor – Research
Cell Biology and Anatomy

Scott P. Stringer, MD, MS

Professor
Rhinology and Head & Neck Oncology

Jingya Wang, MD

Radiation Oncology

Program

8:00 **Registration and Breakfast**

8:30 – 8:35 **Welcome: Richard DiCarlo, MD**
Interim Dean, LSUHSC School of Medicine

8:35- 8:45 **Welcome and Opening Remarks**
Daniel W. Nuss, MD, FACS
Laura T. Hetzler, MD, FACS

Resident Presentations – Session I **Moderator: Michael E. Dunham, MD**

8:45 - 8:53 *Factor Analysis on Outcomes in Superior Semicircular Dehiscence Repair*
Tyler J. McElwee; Micah Klumpp PhD. Aud.; Rahul Mehta, MD

8:55 - 9:03 *Understanding Patient Perspective on Institutional Speech and Swallowing Rehabilitation Outcomes in Total Laryngectomy with Tracheoesophageal Puncture*
Palak B. Patel, MD; Jimmy Saravia, B.S.; Leigh Hickham, B.S.; Melda Kunduk, PhD; Ashley C. Mays, MD

9:05 - 9:13 *Characterization of the Metabolic Phenotype in Oropharyngeal Squamous Cell Carcinoma Tumors*
Christine L. Settoon, MD; Leslie S. Son, PhD; Jaclyn Williams, BS; Andrew R. Fuson, MD; Larissa Sweeny, MD

9:15 - 9:23 *Quantitative Analysis with Image Processing of Surgical Site Evacuation Using High Speed Photography of Aerosol Generating Procedures*
Kody G. Bolk, MD; ; Michael E. Dunham, MD; Kevin F. Hoffseth, PhD; Jangwook P. Jung, PhD; Beatriz M. Garcia, BS; Rohan R. Walvekar, MD

9:25 - 9:33 *Efficacy of Post-Surgical Intralesional Injection with Triamcinolone versus Triamcinolone Plus Fluorouracil in the Treatment of Keloids: A Randomized Controlled Trial*
Sara E. Bressler, MD; Raj Dedhia, MD; and Justin C. Sowder, MD

9:35 - 9:45 **Discussion**

Honored Guest Lecturer

9:45 - 10:30 *Successful Incorporation of APPs in Otolaryngology Practice*
Scott P. Stringer, MD, MS

10:30 - 10:45 **Visit Our Exhibitors**

Resident Presentations – Session II **Moderator: Stephen C. Hernandez, MD**

10:45 - 10:53 *Opioid Prescribing Patterns Across Head and Neck Cancer Oncology Teams and Otolaryngology Providers*
Neelam P. Phalke; Christine L. Settoon, MD; Michael K. Olejniczak, MD; John N. Poche, MD; Delaney S. Sheehan, MD; Lee McDaniel, PhD; Ashley C. Mays, MD

10:55 - 11:03 *Head and Neck Cancer Multidisciplinary Tumor Board Referral Patterns and Treatment Compliance*
Tracy A. VandeWater, MD; Giacomo Adoncccchi, MS; Lee McDaniel, PhD; Ashley C. Mays, MD

11:05 - 11:13 *Using Didactics to Improve Tracheostomy and Laryngectomy Education in Primary Care Residents*
Kelsey R. Doguet, MD; Ashley C. Mays, MD

- 11:15 – 11:23** *Predictors of Discharge Destination after Head and Neck Surgery with Free Flap Reconstruction*
Ashley R. Kraft, MD; Allison Slijepcevic, MD; Joseph M. Curry, MD; Ramez Philips, MD; Kelsie M. Guice, BS; Caroline A. Bonaventure, BS; Michael D. DiLeo, MD; Adam J. Luginbuhl, MD; Meghan B. Crawley, MD; Eleanor McCreary, BS; Michelle Buncke, BA; Daniel Petrisor, MD, DMD; Mark K. Wax, MD; Larissa Sweeny, MD
- 11:25 - 11:33** *Comparison of Relative Fat Mass Index to Body Mass Index in Tracking Outcomes for Head and Neck Cancer Microvascular Free Flap Patients*
Gregory P. Marks, MD; Giacomo Adonecchi; Vadel Shivers; Leslie S. Son, PhD; Ashley C. Mays, MD
- 11:35 - 11:45** **Discussion**

Resident Presentations – Session III

Moderator: Lacey K. Adkins, MD

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- 11:45 - 11:53** *The Utility of Staged Melanoma Excision in the Setting of Cutaneous Melanoma*
Bailey R. Minehart, MD; Carley Boyce, MS4; Ashley C. Mays, MD
- 11:55 - 12:03** *Evaluation of Screening Factors for Coagulopathy in Pediatric Tonsillectomy Patients*
Adam J. Blancher, MD; Tyler Dean, MS4; Jairo I. Torres, MD; Belinda Mantle, MD
- 12:05 - 12:13** *Risk Factors for Spindle Cell Carcinoma of the Larynx*
Christine A. Matthews, MD; Melda Kunduk, PhD; Leslie S. Son, PhD; Andrew J. McWhorter, MD
- 12:15 - 12:23** *Assessing Preferences and Efficacy of Methods of Preoperative Patient Education for Pediatric Tonsillectomy and Adenoidectomy*
Kurt C. Mueller, MD; Adele K. Evans, MD
- 12:25 - 12:33** *Safe Airway SmartSign Digital Application*
J. Logan Sobiesk, MD; Michael E. Dunham, MD; Adele K. Evans, MD
- 12:35 - 12:43** *The Effects of the COVID-19 Pandemic on Acoustic Neuroma Management and Outcomes*
Jacob B. Kahane, MD; Moises A. Arriaga, MD; Anne K. Maxwell, MD
- 12:45 - 12:55** **Discussion**
- 12:55 - 2:00** **Lunch and Judges' Review of Papers**
Visit our Exhibitors

Research Spotlight

- 2:00 - 2:30** *Spectral Analysis and Waveform Modeling of Pathological Voice Signals*
Takeshi Ikuma, PhD

Awards

- 2:30 - 3:00** *Presentation of Awards*
Daniel W. Nuss, MD, FACS
- 3:00 - 4:00** **Alumni Reception**
CAPS Lab Lobby, 5th Floor



Mervin L. Trail, MD (1934-2001)

Former Chancellor of LSU Health Sciences Center

Former Residency Director and Chairman of Otolaryngology

Mervin Lee Trail grew up in a rural mining town in Maryland, and went on to earn his MD degree from the University of Maryland School of Medicine. After service in the U.S. Navy, he trained as a resident in Otolaryngology at Johns Hopkins University.

“Merv”, as he insisted on being called, came to New Orleans in 1968 to join the faculty of the LSU School of Medicine. A staunch proponent of interdisciplinary medical education, he helped expand the boundaries of Otolaryngology, and became a widely acclaimed expert in advanced head and neck surgery. In addition to being a superb clinician, Merv was a tireless advocate for the education of students and residents. During his LSU career of over 30 years, Dr. Trail served initially as Residency Director, then Chairman of Otolaryngology, and ultimately as Chancellor of the LSU Health Sciences Center.

Those who knew Dr. Trail remember his boundless love for New Orleans. Beyond his medical career, he became one of New Orleans’ most famous citizens by championing tourism, economic development and sports. In fact, he was instrumental in promoting New Orleans as a “destination city”, and through his personal efforts, New Orleans became host to such high-profile events as the NCAA Final Four, the Super Bowl, the US Olympic Trials, and the Republican National Convention. He was a founding member of the Morial Convention Center and the Mardi Gras Krewe of Bacchus, and founding chair of the New Orleans Sports Foundation.

Dr. Trail passed away suddenly in 2001, with the legacy of having changed LSU, New Orleans, and the specialty of Otolaryngology as well. In 2003, the annual Resident Research and Alumni Day was dedicated in his name. The focus of this day is to honor Dr. Trail’s memory by showcasing the research conducted by LSU Otolaryngology Residents.



Scott P. Stringer, MD, MS

**Professor and Chairman
Department of Otolaryngology – Head & Neck Surgery
University of Mississippi Medical Center**

Dr. Stringer is Professor and Chairman of the Department of Otolaryngology-Head and Neck Surgery at the University of Mississippi Medical Center. He has served in multiple institutional clinical leadership roles including Associate Vice Chancellor for Clinical Affairs. He was formerly Professor and Vice-Chairman of the Department of Otolaryngology at the University of Florida College of Medicine. He completed medical school and Otolaryngology residency at the University of Texas Southwestern in Dallas.

Dr. Stringer has been selected as the departmental faculty teacher of the year eleven times in his career, was a finalist for the ACGME Parker J. Palmer "Courage to Teach" Award, and has been the Alpha Omega Alpha Honor Society Faculty Teacher of the Year for the University of Mississippi Medical Center. He is a recipient of the Distinguished Service Award from the American Academy of Otolaryngology-Head and Neck Surgery. His clinical interest is in the field of rhinology. Dr. Stringer is the author of over 170 scientific articles and book chapters and 50 published reviews.

His current field of research is economic analysis of medical and surgical therapies. He received a Master of Science in Administrative Medicine from the University of Wisconsin-Madison in 1998.

Guest Speaker



DEPARTMENT OF OTOLARYNGOLOGY

RESEARCH





ABSTRACTS

— HEAD AND NECK SURGERY



Factor Analysis on Outcomes in Superior Semicircular Dehiscence Repair

Tyler J. McElwee MD, Micah Klumpp PhD. Aud., Rahul Mehta MD

Background: Superior semicircular canal dehiscence is a relatively uncommon pathology, however it is a distinguishable clinical entity from other etiologies of similar otologic symptoms. In addition, in many symptomatic patients there are often comorbid otologic etiologies for their symptoms.¹ Definitive treatment often involves surgical procedures with risks such as cerebrospinal fluid leaks, persistent vertigo, subdural hematomas, and other significant complications. Previous studies have demonstrated that common validated vertigo scoring measures are nonspecific to superior semicircular canal dehiscence, and there are no scoring systems to stratify patients who would benefit from surgical repair of a semicircular canal dehiscence to those who would not.²

Methods: A retrospective chart review was performed at two tertiary care neurotology clinics. 51 patients were found with an ICD-10 code related to semicircular canal dehiscence with 23 having undergone surgical repair and 28 having been treated with conservative nonoperative measures. Symptoms including vertigo, hearing loss, tinnitus, and aural fullness/autophony were noted before treatment and after treatment. Pure tone averages on audiogram and cVEMP thresholds were also noted before and after treatment. Surgical repair consisted of a middle cranial fossa approach with bone pate over the dehiscence canal, and conservative measures consisted of low salt diet with or without a thiazide diuretic. The presence of migrainous vertigo was also noted and analyzed as a possible confounder.

Results: In the 23 patients having undergone surgical correction, the only symptomatic measure to show statistically significant improvement was tinnitus ($p=0.003$). In the 28 nonoperated patients, tinnitus demonstrated statistically significant improvement ($p=0.045$). Vertigo, hearing loss, and aural fullness/autophony did not show statistically significant differences between the operated and nonoperated arms. Average pure tone averages (PTA) were similar for both arms. In the operated arm, 4/9 demonstrated abnormal or absent cVEMPs while 10/21 in the nonoperated arm demonstrated abnormal or absent cVEMPs.

Conclusions: Preliminary data demonstrates that surgical correction of superior semicircular canal dehiscence does not offer benefits over conservative management, and thus cannot describe a scoring system at this time to decide between operative and nonoperative management. However, our study possessed several limitations including the nature of retrospective chart reviews as well as small cohort due to the uncommon incidence of superior semicircular canal dehiscence.



1. Robert A Williamson¹, Jeffrey T Vrabec, Newton J Coker, Marlin Sandlin. Coronal computed tomography prevalence of superior semicircular canal dehiscence

2. Rahul Mehta¹, Micah L Klumpp, Samuel A Spear, Matthew A Bowen, Moises A Arriaga, Yu-Lan Mary Ying. Subjective and objective findings in patients with true dehiscence versus thin bone over the superior semicircular canal

Understanding Patient Perspective on Institutional Speech and Swallowing Rehabilitation Outcomes in Total Laryngectomy with Tracheoesophageal Puncture

Palak B. Patel, MD; Jimmy Saravia, B.S.; Leigh Hickham, B.S.;
Melda Kunduk, PhD; Ashley C. Mays, MD

Introduction: We seek to understand the relationship between treatment variables and post-operative speech and swallowing rehabilitation after total laryngectomy with tracheoesophageal puncture (TEP) from the patient perspective using validated surveys: University of Washington Quality of Life (UW-QOL), Sydney Swallow Questionnaire (SSQ), and Voice Handicap Index-10 (VHI-10).

Study Design: This is a two-part study approved by LSUHSC IRB. Medical records from January 2013 to January 2022 of patients undergoing total laryngectomy with TEP were reviewed from our two affiliate hospitals: Our Lady of the Lake Regional Medical Center and University Medical Center. First, a retrospective chart review was performed to collect data regarding patient demographics, diagnosis, treatment details, rehabilitation therapy and comorbidities. Second, UW-QOL, SSQ, and VHI-10 surveys were mailed to patients. Responses were collected via mail and telephone.

Results: We identified a total of 138 alive laryngectomy patients, all of whom were mailed the survey. We received 34 responses which were included in the analysis. Each survey response was converted to a Likert-type item score. UW-QOL identified speech, pain, and swallowing as the three most important issues to patients. The average score for each one of these items was 1.52, 1.21, and 0.78 respectively, from a presumed baseline of 0 i.e., no issues and high score of 3, 4 and 4 respectively. The overall mean scores were 13.45 for the item-based portion and 4.68 for the general health-related QOL questions. The mean scores for SSQ and VHI-10 were 1.42 and 20.87 with a standard deviation of 1.12 and 20.87 respectively. On cross-analysis with treatment variables, UW-QOL and VHI-10 showed significantly worse outcomes with patient residence > 50 miles from treatment facility ($p = 0.001$). No statistical difference was found secondary to need for salvage treatment, adjuvant radiation therapy, method of closure, timing of TEP, and follow-up period.

Conclusions: Patients living > 50 miles from the care facility have worse quality of life and voice outcomes. Inclusion of more survey responses will improve the expected effect size, hence, making for higher powered and more conclusive results.



Characterization of the Metabolic Phenotype in Oropharyngeal Squamous Cell Carcinoma Tumors

Christine L. Settoon, MD; Leslie S. Son, PhD; Jaclyn Williams BS;
Andrew R. Fuson, MD; Larissa Sweeny, MD

Background: A better understanding of human papilloma virus (HPV) positive versus negative oropharyngeal squamous cell carcinomas (OPSCC) pathogenesis provides an opportunity to improve targeted treatments and enhance treatment effectiveness.

Objective: This study compares the metabolic phenotypes of HPV positive and negative OPSCC and correlates expression of metabolic markers (CD147, MCT1 and 4) with clinical outcomes and OPSCC expression of p16, RB1 and p53.

Study Design: A retrospective review of patients who underwent surgical resection of OPSCC tumors between 2015-2020 (n = 50). The majority were male (78%, n = 39) and had HPV positive tumors (62%). Immunofluorescence analysis of archived tumors assessed p53, RB1, CD147, MCT1 and MCT4 expression levels and correlated with clinicopathologic characteristics.

Results: Tumors with high HPV expression correlated with high RB1 expression ($p = 0.04$). Tumors presenting in patients with a history of prior head and neck radiation had lower RB1 expression ($p = 0.26$). HPV positive tumors with no prior radiation had higher relative expression of RB1 ($p = 0.07$) and higher relative expression of P53 ($p = 0.045$) compared to those with a history of prior radiation. HPV negative tumors with no prior radiation similar expression of RB1 ($p = 0.85$) and lower relative expression of P53 ($p = 0.15$) compared to those with a history of prior radiation. Overall p53 tumor expression increased with increased expression of CD147 ($p = 0.002$) and decreased with decreasing expression of MCT1 ($p < 0.001$). RB1 tumor expression decreases with increasing expression of MCT4 ($p < 0.0001$). Tumor expression of p53 was found to be lower in patients with history of tobacco use ($p = 0.04$). High RB1 tumor expression was also associated with increased overall 24 month survival ($p = 0.05$).

Conclusion: This is the first study to demonstrate a correlation with RB1 and p53 expression with the cellular metabolism of OPSCC.



Quantitative Analysis with Image Processing of Surgical Site Evacuation Using High Speed Photography of Aerosol Generating Procedures

Kody G. Bolk MD, Michael E. Dunham MD, Kevin F. Hoffseth PhD, Jangwook P. Jung PhD, Beatriz M. Garcia BS, Rohan R. Walvekar MD

Objective: Determine the effectiveness of evacuation systems designed to clear bioaerosols and smoke from the surgical field.

Study design: High-speed photographic evaluation of aerosol and smoke generated in simulated surgical fields with subsequent image processing of the captured videos.

Materials and methods: Surgical site aerosol clearance was evaluated during simulated anterior neck surgery as well as electrocautery application to animal tissue. Both systems were connected to a commercial vacuum powered evacuation system. High speed photography was used to record videos of the aerosols and plumes. Fields were recorded with and without evacuation. Image processing consisted of segmentation of the aerosol and evacuator ports and other enhancements to improve aerosol particle visualization.

From the time series of images recorded across multiple evacuator and aerosol parameters, we were able to determine the contour, area, and bounding rectangle dimensions of the aerosols. Aerosol compactness in the region of the stoma was calculated from the contour measurements. Particle imaging velocimetry measurements were also performed.

Results: Efficient aerosol clearance from an open surgical field using an evacuator port is dependent upon the port design, airflow velocity, and placement relative to the aerosol generating site. Aerosol clearance is also directly related to the compactness of plume at the stoma.

Image processing was limited in the anterior view of the field because of the reflectivity of the synthetic anatomical model. Quantitative particle velocity data was not possible using the non-planar illumination system employed in these experiments.

Surgical smoke generated with electrocautery is cleared from the field by the evacuation enclosure around the handpiece, even at high electrocautery power settings.

Conclusions: Bioaerosol and smoke generated during surgery are potential sources of respiratory pathogens and pose a threat to operating room personnel. Surgical site evacuation can significantly reduce the volume of airborne particles in the surgical field. More accurate measurements may be achieved with laser sheet lighting and a human cadaver model of the cervical anatomy.



Efficacy of Post-Surgical Intralesional Injection with Triamcinolone versus Triamcinolone Plus Fluorouracil in the Treatment of Keloids: A Randomized Controlled Trial

Sara E. Bressler MD, Raj Dedhia MD, and Justin C. Sowder MD



Introduction: Keloids are an abnormal proliferation of scar tissue at the site of dermal injury. Treatment options for keloids in the head and neck include intralesional injection, cryotherapy, radiation, and surgical excision. Intralesional injection with triamcinolone (TAC) or combination TAC + 5-fluorouracil (5-FU) is effective as single modality therapy. However, surgical excision alone can have recurrence rates as high as 90% and adjuvant therapy is recommended. There are limited prospective studies regarding the efficacy of TAC or TAC + 5-FU as adjuvant therapy after surgical excision of keloids in the head and neck.

Objective: To determine the efficacy of surgical excision plus adjuvant intralesional injection with TAC versus TAC + 5FU on keloid recurrence in the head and neck. To evaluate symptomatology, scar appearance, and side effects.

Study design: Multi-center, single-blinded, prospective randomized controlled trial of patients undergoing surgical excision of keloid(s) in the head and neck. Patients were assigned to adjuvant intralesional injection with TAC or TAC + 5-FU. Both groups received injections at 7-10 days post operatively then every 4 weeks for a total of 3 injections. Assessments were performed pre-operatively and at 3-month intervals using the Patient and Observer Scar Assessment Scale.

Results: Seven patients were enrolled, 2 in the TAC arm and 5 in the TAC + 5-FU arm. All patients were African American, Fitzpatrick skin type \geq IV. The most common etiology was piercing. All patients in the TAC arm and 3 patients in TAC + 5-FU arm completed the treatment course. Recurrence rates were 0% in the TAC arm and 33% in the TAC + 5-FU arm. Baseline POSAS surveys were completed for all patients, however 3-, 6-, 9-, and 12-month surveys were only completed on one patient and this data was unable to be analyzed.

Conclusions: No conclusions can be drawn regarding the efficacy of post-surgical adjuvant intralesional injection with TAC vs TAC + 5-FU. More robust enrollment and follow up data is needed.

Sara E. Bressler, MD

Opioid Prescribing Patterns Across Head and Neck Cancer Oncology Teams and Otolaryngology Providers

Neelam P. Phalke, MD; Christine L. Settoon, MD; Michael K. Olejniczak, MD; John N. Poche, MD; Delaney S. Sheehan, MD; Lee McDaniel, PhD; Ashley C. Mays, MD

Objectives: The objective was to characterize opioid prescribing patterns across head and neck cancer providers to assess for strategic areas for education to improve opioid and pain management in this complex cancer cohort.

Methods: Two hundred fourteen charts of patients with head and neck cancer cared for at faculty- and resident-driven clinics in Louisiana (2011-2019) were reviewed for demographics, malignancy characteristics, treatment modality, and opioid use. Opioid data was obtained from the Louisiana Prescription Monitoring Database and recorded by prescriber specialty and opioid amount in morphine milligram equivalents (MME).

Results: Otolaryngologists were the primary opioid prescribers in the first month after diagnosis. This shifted to Radiation- and Medical-Oncology at 2-3 months. In the long-term, Otolaryngologists remained a primary prescriber.

Patients treated with primary surgery were prescribed a significantly lower total MME of opioids than those treated non-surgically ($p < 0.0001$). Nonsurgical patients also showed a significantly more rapid increase, higher peak amount, and rapid decline in total MME of opioid prescribed over time.

Overall, residents were more likely to prescribe an opioid to patients ($p < 0.001$) and for a longer duration of time than faculty ($p = 0.0011$), but nonsurgical patients in resident clinics were prescribed lower total MME of opioids overall than those in faculty clinics ($p = 0.016$).

Conclusions: We identified a significant variance in opioid prescribing across provider type and training level as well as among treatment modalities. These patterns highlight areas for further evaluation and education to improve opioid management and optimize pain control for our head and neck cancer patients.



Head and Neck Cancer Multidisciplinary Tumor Board Referral Patterns and Treatment Compliance

Tracy A. VandeWater, MD; Giacomo Adonccchi, MS; Lee McDaniel, PhD;
Ashley C. Mays, MD

Introduction: Multidisciplinary tumor boards (MDTB) provide guidance to manage complex head and neck cancer patients, including those from resident-run clinics. Our study's objective was to review patient patterns, treatment compliance, and outcomes of patients presented at a head and neck subspecialty MDTB from both resident and private clinics at a single institution.

Methods: Retrospective review was completed for all patients from a single institution presented at head and neck MDTB from June 1, 2019 to June 1, 2021. MDTB submissions were compared to the electronic medical record for data collection. Statistical analysis included paired T tests and Chi-squared tests using R software.

Results: 170 patients included 41 from the resident clinic and 129 from the private clinic. Resident patients had an average of 26.65 days from time of initial referral to first clinic visit, compared to the private average (12.83 days, $p = 0.042$). More resident patients lived in zip codes with median annual household income of less than \$40,000 (51%) compared private patients (21%, $p = 0.016$). 97% of resident patients were smokers or former smokers compared to only 54% of private patients ($p < 0.001$). 89% of all patients were treated in compliance with MDTB recommendations. Chemoradiation and surgery were the most recommended treatments with 97.5% and 80.6% adherence rate, respectively. There were no significant differences in overall mortality, treatment failure, or in MDTB recommendation adherence.

Conclusions: MDTB is a useful tool for head and neck cancer clinicians. When MDTB recommendations are followed the outcomes of overall mortality and treatment failure are similar for both resident and private clinic patients. Acknowledging unique patient demographics and disparities between resident and private clinic patients may be useful for quality improvement measures and more expedited visits for cancer patients.



Using Didactics to Improve Tracheostomy and Laryngectomy Education in Primary Care Residents

Kelsey R. Doguet, MD and Ashley C. Mays, MD

Objective: The goal of this study was to show that gaps in knowledge exist surrounding care of the tracheostomy and laryngectomized patients at our institution. We also wanted to demonstrate that formal education in the form of a didactic lecture could improve comfort with and knowledge of these surgical airways.

Methods: This was a prospective case control study. Primary care residents from three institutions were recruited. Prior to the intervention, they completed a demographic questionnaire, self-assessment questionnaire and an objective test. The subjects then attended the intervention, which was a one-hour long didactic session providing education on tracheostomies and laryngectomies including emergency management of these patients. Post-intervention, the subjects completed the same questionnaire and objective test. A two-sample t-test was then used to compare the pre- and post-intervention scores.

Results: Seventy-six subjects took the self-assessment questionnaire prior to the didactic lecture and 26 residents completed it post-lecture. Participants responded with their comfort level on a 5-point Likert scale across 10 different questions. Subjects reported an average comfort level (+/- SD) of 2.61 ± 0.97 prior to the didactic lecture. After the lecture, there was a significant improvement to 3.99 ± 0.55 ($p < 0.0001$). Forty-seven residents completed the 15-question objective test prior to the didactic lecture and 19 completed it post-lecture. The average score prior to the intervention was $51\% \pm 18\%$ as compared to $81\% \pm 14\%$ post-intervention ($p < 0.0001$).

Conclusions: It is evident that there is a need for improved training on surgical airways in primary care residents. This study demonstrated that a simple, 1 hour long didactic lecture can improve understanding of basic surgical airway concepts and instill confidence in providing care for these patients.



Predictors of Discharge Destination after Head and Neck Surgery with Free Flap Reconstruction

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Background: Head and neck surgery (HNS) with free flap reconstruction is one of the major operations performed by otolaryngologists. These patients require intensive postoperative care, and as such often require longer hospital stays and the need for discharge to postacute care facilities. This study seeks to determine predictors of NHD following HNS with free tissue transfer in baseline home-dwelling patients.

Methods: Following Institutional Review Board approval of participating institutions (Oregon Health and Science University, Louisiana State University Health and Sciences Center), a retrospective review of prospectively collected databases was completed. Patients undergoing HNS with free flap reconstruction between January 2008 and May 2019 were included and divided into two cohorts: home discharges and nonhome discharges (NHD; included discharge to rehabilitation and skilled nursing facilities). Fisher's Exact Test with simulated p-values and t-tests were used to determine predictive factors for NHD.

Results: 872 cases were included: 157 (18%) required NHD. Preoperative predictors for NHD on multivariable analysis included advanced age (68.4 ± 14.5 vs 60.5 ± 13.6 years, $P < 0.001$) and a history of cardiac disease (27% vs 19%, $P = 0.030$). NHD was associated with more major postoperative complications including cardiac and pulmonary complications ($P = < 0.001$), stroke ($P = < 0.001$), wound dehiscence ($P = 0.024$), as well as alcohol withdrawal ($P = 0.028$).

Conclusions: Discharge to NHD following HNS with free flap reconstruction can be predicted using preoperative factors. Identifying patients at high risk for NHD may allow for more effective counseling on discharge expectations and expedite referrals to avoid prolonged stays and its associated complications and costs.



Comparison of Relative Fat Mass Index to Body Mass Index in Tracking Outcomes for Head and Neck Cancer Microvascular Free Flap Patients

Gregory P. Marks, MD; Giacomo Adonecchi, MS; Vadel Shivers;
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Background: While body mass index (BMI) has been used for risk stratification in many realms of medicine, a new anthropomorphic measurement has been developed which could pose as a better predictor. Relative fat mass index (RFMI), utilizing height and waist circumference, is a novel measurement, but evidence supporting its use is limited. This measurement has shown utility regarding issues like metabolic syndrome, but its utility in surgery remains untested. BMI has been used to stratify complications and survival within head and neck surgical oncology, but RFMI could be a new tool for risk stratification in this population.

Study Design: Adults diagnosed with a head and neck carcinoma requiring surgical resection and reconstruction at Our Lady of the Lake Regional Medical Center were enrolled into the study. Patients with previous free flap reconstruction were excluded from this study. Waist circumference was measured as described in the National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual. RFMI was calculated as $64 - (20 \times (\text{height/waist})) + (12 \times \text{sex})$ where sex equals 1 for females and 0 for males. BMI was calculated as kilograms divided by height in meters squared. Demographics, outcomes, and complications both surgical and medical in nature were recorded and analyzed for the one month period post-surgery.

Results: Nineteen adult patients with a diagnosis of head and neck carcinoma requiring surgical resection and reconstruction with free flap were enrolled in this study. Statistical analysis was performed via linear regression. For every one point increase in RFMI, there were 0.02 more complications ($p\text{-value} = 0.663$) as compared to 0.04 less complications for BMI ($p\text{-value} = 0.426$).

Conclusions: Our preliminary data suggests that there is not a statistically significant relationship for either RFMI or BMI in regards to predicting outcomes or complications for head and neck cancer patients undergoing microvascular free flaps. Our intent is to continue enrollment for investigation of both RFMI and BMI within this population.



The Utility of Staged Melanoma Excision in the Setting of Cutaneous Melanoma

Bailey R. Minehart, MD; Carley Boyce, MS4; Ashley C. Mays, MD

Introduction: To assess the re-excision rates of Head and Neck cutaneous melanoma within the Louisiana State University institution and determine if staged cutaneous melanoma excision outweighs the anesthesia risks, hospital cost, and scheduling burden of a second procedure.

Methods: The study is a retrospective review from subjects who underwent excision of head and neck cutaneous melanoma from 2014-2020. The subjects were collected from Our Lady of the Lake in Baton Rouge, Louisiana and University Medical Center in New Orleans, Louisiana. Demographics including age, race, gender were collected as well as biopsy type, original T-stage, Breslow depth, peripheral and deep margins, final TNM stage, margin size, reconstruction type and need for re-excision based on original margins.

Results: Between 2014-2020, a total of 210 cases were found to meet the inclusion criteria. Out of the 210 cases, approximately 41 cases required re-excision (18.7%). Out of the 41 cases that required re-excision of margins, only one case was not reconstructed at the time of first excision. The majority of cases were closed by adjacent tissue transfer (n = 16) and the majority re-excision were performed for T1 melanomas (n = 10), followed by Tis (n = 8).

Conclusions: Given that only 18.7% of head and neck cutaneous melanoma required additional excision for positive margins and that the overwhelming majority of these cases were reconstructed at the time of first excision, we recommend single stage head and neck cutaneous melanoma excision. This aids in decreasing the cost of operation room time and anesthesia and burden of duplicate pre-operative testing.



Evaluation of Screening Factors for Coagulopathy in Pediatric Tonsillectomy Patients

Adam J. Blancher, MD; Tyler Dean, MS4; Jairo I. Torres, MD; Belinda Mantle, MD

Introduction: Tonsillectomy is one of the most common procedures performed in the pediatric population. Post tonsillectomy hemorrhage, although uncommon (approximately 4%), is a known complication which can result in readmission, additional surgery, blood transfusion and rarely death. The current guidelines do not support routine pre-operative labs as they have been found to have a low positive predictive value for perioperative hemorrhage or bleeding disorder. We believe that at CHNOLA we have identified a higher rate of occult bleeding disorders through routing preoperative screening than previously reported.

Study Design: This will be a single institution retrospective case review of subjects who underwent tonsillectomy at Children's Hospital of New Orleans (CHNOLA) between January 1, 2019 through June 30, 2021. Subjects included in the study were less than 18 years old at the time of their surgery. There are 1,271 subjects included in this study. The primary objective of this study is to determine the number of patients identified with a newly diagnosed coagulopathy who underwent preoperative coagulation studies versus those with abnormal preoperative coagulation studies that were not found to have a bleeding disorder. Secondary aim will include identifying the rate of post tonsillectomy bleeding at CHNOLA. We will also determine if subjects with post tonsillectomy bleeding were screened for coagulopathy pre-operatively or post-operatively and if any occult bleeding disorders were identified.



Risk Factors for Spindle Cell Carcinoma of the Larynx

Christine A. Matthews, MD; Melda Kunduk, PhD; Leslie S. Son, PhD;
Andrew J. McWhorter, MD



Introduction: Spindle cell carcinoma is a rare subtype of squamous cell carcinoma. It is typically viewed as a more aggressive neoplasm than conventional squamous cell carcinoma with higher rates of recurrence and metastasis. It is a biphasic tumor exhibiting both squamous cells and spindle cells making its pathologic diagnosis difficult. These tumors are traditionally found in the upper aerodigestive tract. Approximately 50% of all cases occur in the larynx with the most common subsite being the glottis. There is a relatively low incidence (0.5%) of spindle cell carcinoma of the larynx across the United States. Due to its low incidence, difficult diagnosis, and aggressive nature, there are few studies on its clinical course with limited guidelines on appropriate treatment plans.

Objective: To determine incidence of spindle cell carcinoma of the larynx in our patient population, investigate potential causative variables for increased incidence (if any), and analyze treatment outcomes.

Study design : This study will be performed as a medical chart review of patients with a diagnosis of spindle cell carcinoma of the larynx treated at Our Lady of the Lake Regional Medical Center over the last 10 years.

Assessing Preferences and Efficacy of Methods of Preoperative Patient Education for Pediatric Tonsillectomy and Adenoidectomy

Kurt C. Mueller, MD; Adele K. Evans, MD

Background : Pediatric tonsillectomy and adenoidectomy are some of the most commonly performed outpatient pediatric surgeries in the United States. Because most postoperative care is performed at home, presurgical education is crucial to prevent and reduce postoperative complications, emergency department visits, and patient/caregiver anxiety. This study aims to characterize the efficacy, accessibility, and parent/caregiver preference of several common forms of preoperative education for tonsillectomy and adenoidectomy.

Methods: In this prospective study, parents and caregivers of pediatric patients undergoing an outpatient tonsillectomy and/or adenoidectomy will complete a preoperative questionnaire assessing their knowledge of post-tonsillectomy care, anxiety about the procedure, and educational materials used. A similar questionnaire will be given postoperatively and compared to the preoperative responses to assess helpfulness of the educational resources used. Postoperative phone calls to nursing staff and on-call physicians, return visits to the emergency department, and any other adverse events will be tracked. Results will be stratified and analyzed based on patient/caregiver demographics and socioeconomic status.



Kurt C. Mueller, MD

Safe Airway SmartSign Digital Application

J. Logan Sobiesk, MD; Michael E. Dunham, MD; Adele K. Evans, MD

Introduction: Children with airway anomalies are at risk for acute, life-threatening events from loss of airway or ventilation. Clinical decision-making requires rapid precise responses to avoid death or debilitating complications related to hypoxemic injury. The specialist knowledgeable about the patient's condition is not at the bedside when most emergencies occur. The information for safe and effective decision making must be immediately available for the on-scene provider.

The Safe Airway SmartSign Digital Application addresses airway emergencies by providing patient-specific data and focused emergency airway management techniques.

Objective: The objective is to develop an application for a Windows-compatible device that delivers patient-specific information via interactive digital display.

Materials: Windows 10 Surface Pro 3 Tablet

Progress:

- Applied for / received Resident Research Grant from LSU.
- Device selection: Chosen to facilitate integration with Epic.
- Produced v1.0: Initial Interface:
 - Data points to be manually entered
 - Basic smart algorithms
 - Initial display of integrated information
- Produced v2.0: Revisions based upon general review by Trach MD, RN
- Collaborated in 2 developmental conferences with the Mathematics Students at LSU
- Completed Preliminary non-clinical simulations.
 - Clinical practitioners using 2-3 scenarios loaded into the device at bedside.
 - Testers were not privy to the application prior to the simulation.
 - Post-simulation, the testers feedback was collected regarding the application, user-friendliness, quality of information, appearance, and any other comments about the application.
- Compiling the feedback to further update the application. Will schedule a second preliminary simulation with v3.0.



The Effects of the COVID-19 Pandemic on Acoustic Neuroma Management and Outcomes

Jacob B. Kahane, MD; Moises A. Arriaga, MD; Anne K. Maxwell, MD

Introduction: The COVID-19 pandemic has dramatically altered medical care throughout the world and has particularly affected elective surgical cases requiring intensive care unit (ICU) admission. Acoustic Neuromas (AN's) are benign tumors of the lateral skull base that, when managed surgically, require ICU admission and possible prolonged hospital stays. In this work, we look at the surgical management and outcomes before and after the onset of the COVID-19 pandemic.

Methods: A retrospective cross-sectional analysis was performed comparing patients undergoing surgical resection of AN from July 2019 to December 2020 to those undergoing surgical resection from July 2020 to December 2021. Patients were reviewed from two tertiary care medical centers. Linear tumor size, time between diagnosis and surgery, surgical approach, hospital stay, facial nerve function, and postoperative complications were compared between the groups.

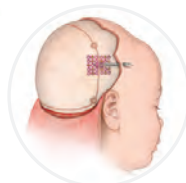
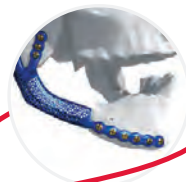
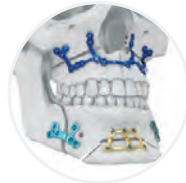
Results: Thirty-eight patients met inclusion criteria for the pre-pandemic cohort, while thirty-one patients met criteria for the post-pandemic group. The mean linear tumor size in the pre-pandemic group was statistically smaller (1.8cm) than the post pandemic (2.6cm). Significantly more resections were done via a translabyrinthine route after the onset of the pandemic than pre pandemic (84% v. 71%). The median time between diagnosis and surgery (observation period) was significantly longer in the post-pandemic group (134 days) than in the pre-pandemic group (93 days). The hospital stays trended shorter in the post-pandemic group than in the pre-pandemic but was not significant. There was no difference in the post-operative facial nerve function or complication rates between the 2 groups.

Conclusions: While the COVID-19 pandemic has dramatically altered all aspects of medicine, it has had a unique impact on the management of AN's. These tumors are benign and slow growing, and their resection is most often classified as elective. The surgical management of these tumors requires extensive resources, including ICU admission. Many of these surgeries were delayed due to the constraints of the pandemic. We demonstrate the results of this delay at a single, high-volume institution. The resultant larger tumors were resected more often via a translabyrinthine approach, and hearing preservation was less frequently an option. Patients waited longer for surgery and were discharged more quickly from the hospital. Facial nerve outcomes were generally good for both groups, and complication rates were small and not significantly different. Further investigation into the long-term consequences of delays in care and surgical intervention for AN will certainly be an interesting area of study. There are, however, immediate effects of the pandemic on the management of AN that are clearly being seen.



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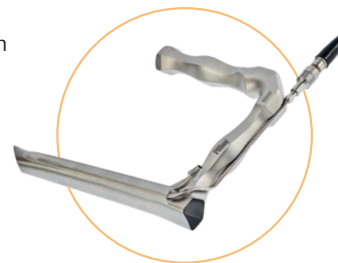
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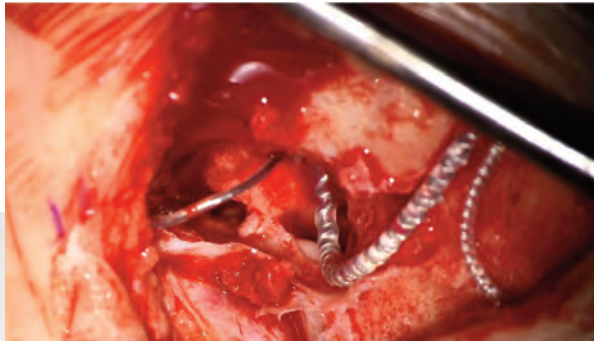
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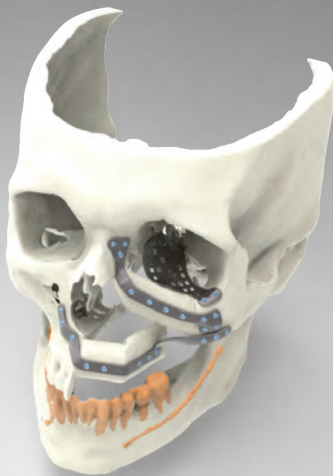


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