Transnasal Endoscopic Training Model

Abstract

To train clinicians to perform transnasal endoscopy, a model •Accurately model nasal passages and larynx with realistic and anatomically correct structures of the nasal passages and larynx has a market to be developed. Currently, training is conducted on human volunteers and/or patients. The current prototype incorporates a feedback system to increase the competency of clinicians. Preliminary survey results from medical personnel expressed enthusiasm towards implementing the TomPetty model in training methods. After more feedback from clinicians, we will have a better concept of improvements for fabrication and material selection.

Background

- Transnasal endoscopy
 - Procedure to view nasal and larynx structures
 - Uses flexible endoscope



Fig. 1 Flexible Endoscope [1]



Fig. 2 Endoscopic view of vocal cords and throat structures [2]

Motivation

- Current technique is to train on volunteers
- Amplifies clinician's anxiety while learning
- Touching sensitive regions causes discomfort
- Desire less stressful, more flexible alternative
- •Existing anatomic models
 - Constructed of hard plastic (poor compliance)
 - Limited tactile feedback

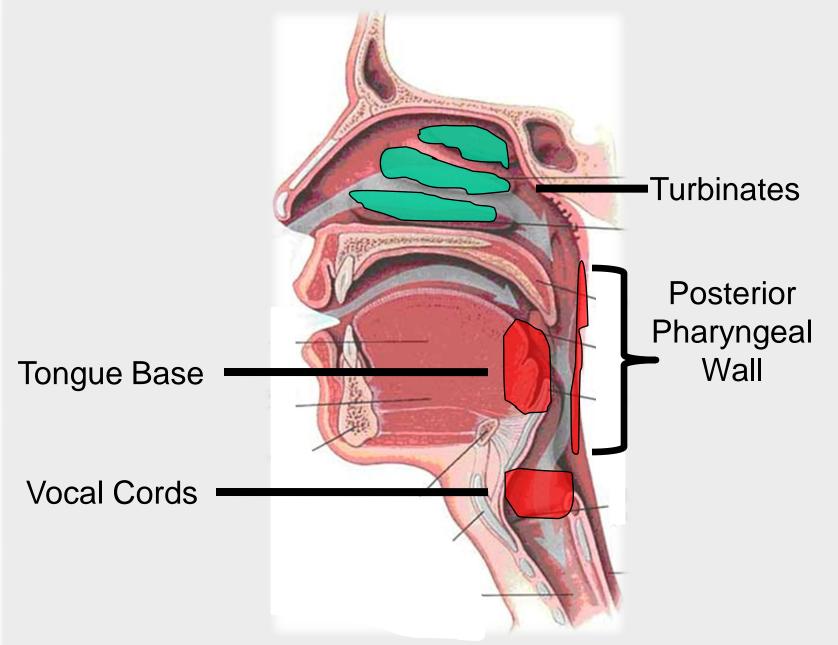


Fig. 3 Sagittal cross=section of the human head, with the turbinates highlighted in turquoise, and the no-touch regions (tongue base, posterior pharyngeal wall, and vocal structures) highlighted in red [3]

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Design Specifications

- Provide user immediate feedback when mistakes occur
- Materials mimic natural tissue structures
- Should cost less than \$3000

Current Design: "TomPetty"

- Feedback system
 - Piezoelectric force film
 - Flexible
 - Variable voltage output
 - Low maintenance
 - Single calibration
 - Visual LED
- Auditory buzzer

Pressure on turbinates

Voltage spike across piezoelectric film Amplification Comparator Visual and auditory

feedback

Fig. 6 Stacked foam cross-sections of the completed head that are housed inside a solid mannequin shell for protection and stability

Fig. 7 LED light box. which provides specific visual feedback for the clinician on whether they are applying low or high pressure to the turbinates or contacting a no-touch region

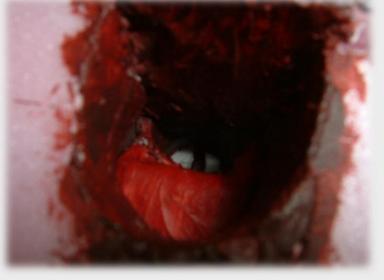


Fig. 8 Cross-section view of last semester's prototype, when pigmentation was significantly darker and less life-like



Fig. 4 Piezoelectric film with rivets [4]

- Force Force = electron
- Fig. 5 When force is applied, electrons, represented by blue circles, are displaced creating a temporary change in voltage across the film

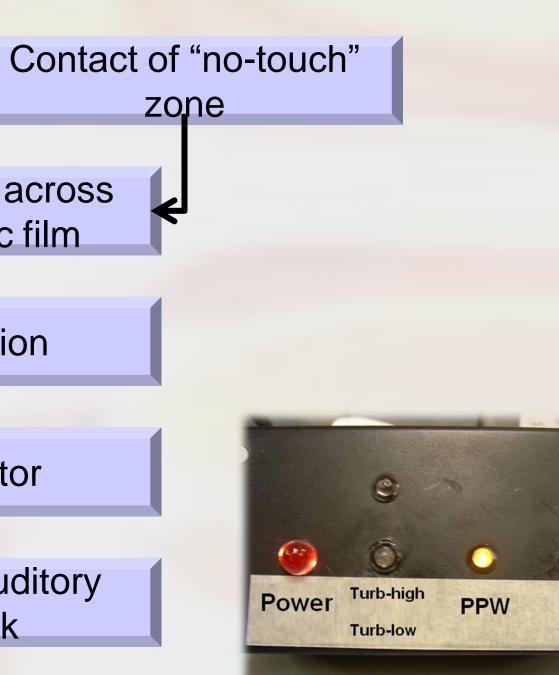




Fig. 9 Cross-section of current prototype, showing the tongue base and vocal structures

Educational Efficacy

- Preliminary Survey

 - Minimal anxiety
 - Easy set-up and use

Marketability

- •Transnasal endoscopy performed in:
 - Otolaryngology
 - Speech Pathology
 - Gastrointestinal
- Asthma and Allergy
- Emergency Room —
- TomPetty Advantages
- Low cost training
- More flexible hours for training
- Convenient and easy set-up
- •Circuitry
- Physical Model

- 3. University of California, San Francisco. 2008 http://sleepsurgery.ucsf.edu/body.asp?bodyid=sleep_palatesurgery



Brian Petty, Prof. Willis Tompkins, Measurement Specialties, Inc. Prof. Thomas Yen, Prof. John Webster

3 medical professionals and a medical student

"Very interesting! Great learning experience."



~ 1000 procedures at UW-Madison Hospital

Future Work

 Research custom-formed piezoelectric film Design more user-friendly calibration system

 Pursue rapid-prototyping approach for better accuracy Utilize alternative materials to mimic tissue compliance

References

1. Olympus Corporation. 2008. http://www.olympus-global.com/en/corc/history/chron/n260.cfm 2. University of Delaware. 2008. http://www.udel.edu/PR/UDaily/2008/jul/vocal073107.html

4. Measurement Specialties, Inc. 2009. http://www.meas-spec.com/downloads/LDT1_028K.pdf

Acknowledgements