

ZENKER'S DIVERTICULUM

- ❑ Optimal and Effective Surgical Patient Management under Budgetary and Resource Constraints – Doing More with Less
- ❑ Argument for Endoscopic vs Open

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Endoscopic vs Open

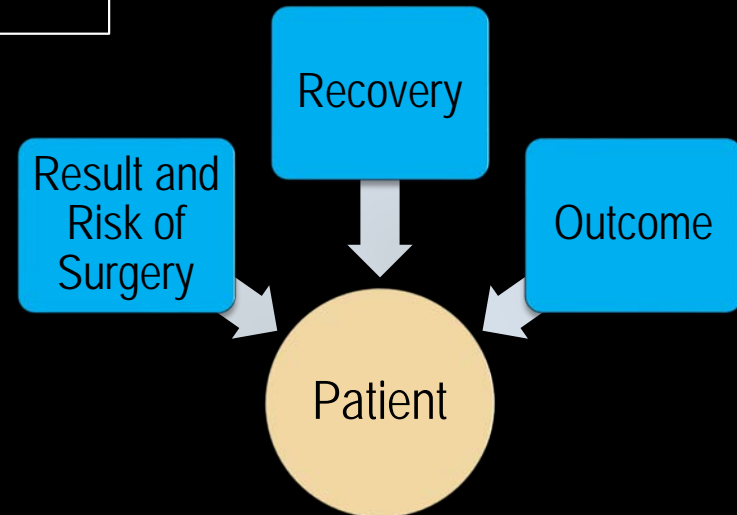
❑ Optimal and Effective Surgical Management

❑ Budgetary and Resource constraints

❑ Doing more with less

Patient

Cost & Resources



ME Porter, TH Lee. The Strategy That Will Fix Healthcare. Outcomes That Matter To Patients. Harvard Business Review, p9, October 2013.

Endoscopic better Literature

□ Optimal & Effective Surgical Management

□ Results/Recovery/Risk (Harvard) ^{1,2,3,4,5}

- Less Risk (Cx) for same result
- Quicker Recovery (swallow / home)

□ Budgetary and Resource constraints

□ Cost less ⁶

- Time (30min) & Hospital stay (1 day)
- Standard ENT resources
- Stapler: cost offsets (consumables)

□ Doing more with less

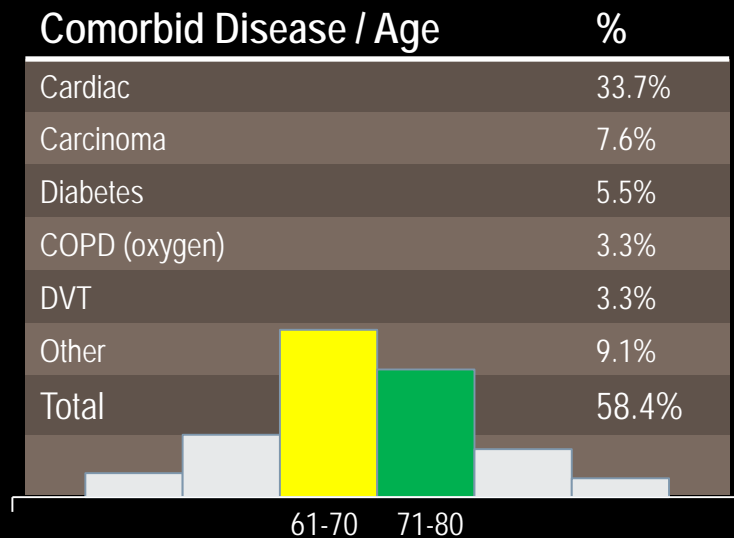
□ Staff / facilities

- More cases theatre / beds
- One Surgeon (more cases)

Literature

1. Sen P, Lowe DA, Farnan T. Surgical Interventions for Pharyngeal Pouch. Cochrane Database of Systematic Reviews. 19 April 2011.
2. Albers DV, Kondo A, Bernado W M et al. Endoscopic versus surgical approach in the treatment of Zenker's diverticulum: systematic review and meta-analysis. Endoscopy International Open 2016; 04: E678-E686.
3. Barton MD, Detwiler KY, Palmer AD, Schindler JS. The Safety and Efficacy of Endoscopic Zenker's Diverticulotomy: A Cohort Study. The Laryngoscope; 126: 2705-2710, 2016.
4. Sharp DB, Newman JR, Magnuson JS. Endoscopic Management of Zenker's Diverticulum: Stapler Assisted Versus Harmonic Ace. The Laryngoscope; 119: 1906-1912, 2009.
5. Porter ME, Lee TH. Outcomes that matter to patients. Harvard Business Review, p9; October 2013.
6. Smith SR, Genden EM, Urken ML. Endoscopic Stapling Technique for the Treatment of Zenker Diverticulum vs Standard Open - Neck Technique. A Direct Comparison and Charge Analysis. Arch Otolaryngol Head and Neck Surgery; 128: 141-144, 2002.

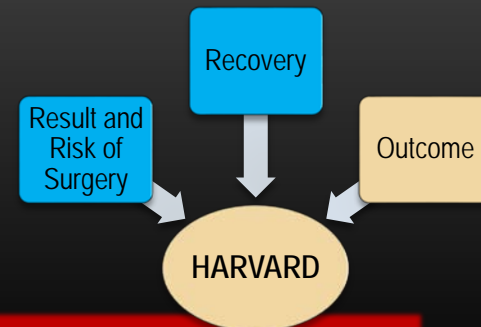
TRANSORAL LASER MICROSURGERY 95 CASES



- Simple & Quick (20 - 30 mins)
- Minimal Surgical Trauma
 - Comorbid disease
 - 60s and 70s
- No Assistant
- No sutures, dressings, drains
- Magnification !

Endoscopic better

Cx 5.2% (5/95 Own Series)



Risk = Lower than Open ^{1, 2, 3, 4, 5}

Complication	History
Leak (3)	2 Conservative 1 Surgery
Air (1)	Surgical emphysema. G scope.
Teeth (1)	Crown



Recovery = Quicker, Easier

Matters to Patient	ENDOSCOPIC LASER	OPEN
Fluid Diet Post Op	<i>Immediately</i>	<i>Nil for 3 - 7 Days</i>
Soft / Pureed	<i>Day 2 - 10 (normal diet)</i>	<i>Day 7 - 14</i>
Hospital Stay	<i>1 Day</i>	<i>5 - 7 Days</i>
Barium Swallow	No	Yes (+/-)
NGT	No	Yes (+/-)

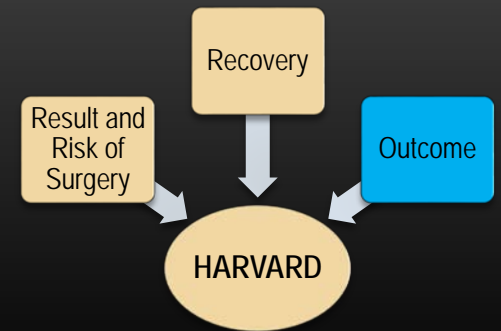
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Endoscopic =

OUTCOME 95% with ENDOSCOPIC

Same or Better ^{1, 2, 3, 4, 5}

Previous Surgery 19%	Patients 18		
Open	12	66.7%	1 septicaemia po
Endoscopic	6	33.3%	5 staples (1=2x) 1 laser (2x)

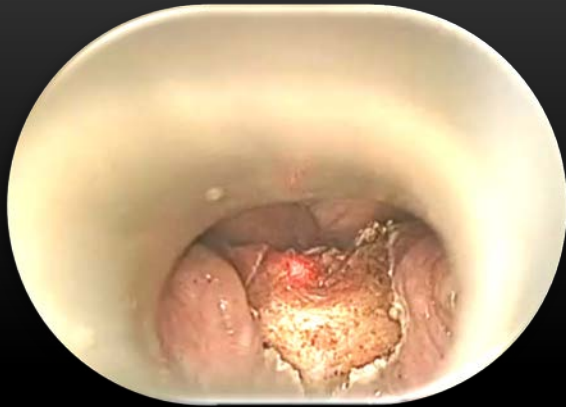


Revision

5.5%

6 weeks PO

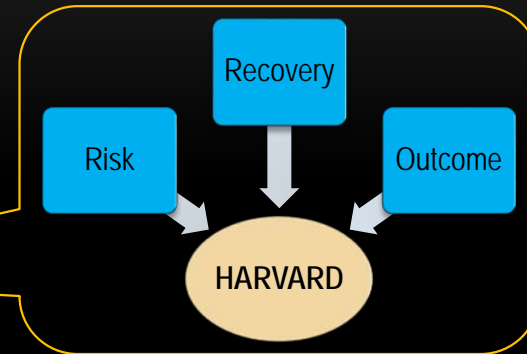
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CONCLUSION: ENDOSCOPIC IS BETTER

❑ Optimal & Effective Surgery

- ❖ Simple & Quick
- ❖ 1 Day



❑ Budget and Resource Constraints

- ❖ Reduced Cost
- ❖ Standard Resources

- Op Time / Ward stay
- Sutures
- Consumables/Drains
- Dressings
- Offset staples

❑ More with less

- Theatre
- Beds
- Surgeons