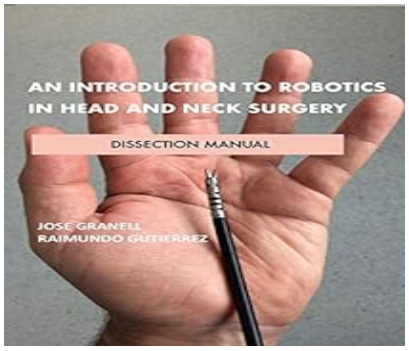
An Introduction to Robotics in Head and Neck Surgery: Dissection Manual By kinkykarma.co.uk We have included all the basic contents of the regular training path (including an extensive discussion on how to drive the da Vinci robotic surgery system).

We have tried to transmit a plain and honest view coming directly from the original authors from whom we have learnt. We are developing Computer Assisted Robotic Surgical Systems (CASS) and certainly at some point as well as the two current main applications in the head and neck: TransOral Robotic Surgery (TORS) and Remote Access to the neck (robotic thyroidectomy and beyond),

Some steps will begin to be automated with a direct intervention of the machine on the patient: This will depend basically on warranties that patient safety is preserved, We conducted our first dissection course on Robotic Surgery in February 2015: Given the accelerated pace of the technical and surgical evolution the need for updates is constant: We are confident that the present text will be useful as a guide for experimental training in Robotic Surgery, Transoral robotic surgery of the nasopharynx and anterior cranial base, An Introduction to Robotics in Head and Neck Surgery: Dissection Manual



.

Even the very concept of Robotic Surgery is changing. Head and Neck Surgeons interested in Robotic Surgery might find valuable tips and practical information, But also for those who just want to know what is all this about and what the current situation is.

. We are still not there (but on the path). But foundations remain: training is paramount. Summary.1. Materials. 1.1. Computer Assisted Surgical Systems (CASS). 1.2. da Vinci robotic surgery system. 1.2.1. Driving the da Vinci. 1.2.2. Further resources for the da Vinci. 1.3. Medrobotics Flex. 1.4. Mouth gags and Retractors. 1.4.1. Transoral. 1.4.2. Remote Access to the neck. 1.5. Other gadgets. 2. Training in non biologic models. 2.1. Inert models. 2.2. Virtual training. 3. Dissection in animal model. 3.1. Laparoscopic approach. 3.2. Transoral approach. 3.2.1. Soft palate resection. 3.2.2. Base of the tongue resection. 3.2.3. Supraglottic laryngectomy. 3.2.4. Total laryngectomy. 4. Dissection in human specimen. 4.1. Transoral approach (TORS). 4.1.1. Lateral oropharyngectomy (radical tonsillectomy). 4.1.2. Resection of the base of the tongue. 4.1.3. Supraglottic laryngectomy. 4.1.4. Transoral total laryngectomy. 4.1.5. 4.2. Remote access to the neck. 4.2.1. Bilateral axillo breast approach. 4.2.2. Transaxillary approach. 4.2.3. Retroauricular (facelift) approach. 4.2.4. Transoral/transvestibular approach