

Spark innovation

Sunton Wongsiri, MD

10 things for innovator



1 Find out the real problem

2 Make it better, convenience, easy to use



3 Set aim and set plan



4 Searching (google)



5 Proactive



6 Focus concentrate meditation



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"interesting report to surgeons involved in the care of carpal tunnel surgery"



7 Suggestion from mentors and friends



8 Positive thinking



9 Supporter but start from small



10 Proof & Award









'You know, Justin, you are just small potatoes!"



Zimmer story : Never give up

http://www.zimmer-orthopedics.ch/z/ctl/op/global/action/1/id/127/template/CP/navid/7087

How to start





Medication Errors











..ใครจะดูถูกเรา ก็ปล่อยให้เขาดูถูกไป ..แต่จะท่องให้ขึ้นใจ ว่าเราจะไม่ดูถูกคน

My story





CARPALTUNNEL SYNDROME

SURGERY: CARPALTUNNEL RELEASE

Standard open







Painful Scar



3 First draft prototype

2007 Machine shop



Launch





Visual field 48.7mm



BMC Musculoskeletal Disorders

Bio Med Central

Open Access

Technical advance

A new tool for mini-open carpal tunnel release – the PSU retractor Sunton Wongsiri^{*1}, Porames Suwanno^{†1}, Boonsin Tangtrakulwanich^{†1}, Varah Yuenyongviwat^{†1} and Ekkarin Wongsiri^{†2}

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Published: 22 September 2008

Received: 11 April 2008 Accepted: 22 September 2008

BMC Musculoskeletal Disorders 2008, 9:126 doi:10.1186/1471-2474-9-126 This article is available from: http://www.biomedcentral.com/1471-2474/9/126

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Abstract

Background: Mini-open carpal tunnel release has become increasingly popular for the treatment of carpal tunnel surgery. The main advantages are shortening recovery time and return-to-work time. However, the risk of neurovascular injury still remains worrisome.

Methods: In this study, we developed a new retractor (herein called the PSU retractor) modified from the widely used Senn retractor, with the aim of decreasing the risk of neurovascular problems from normal procedure. 3-Dimensional computer design software (SolidWorks® Office Premium 2007 SP3.1) was used to construct a 3-D PSU retractor prototype. An amputated arm from a 30-year-old woman diagnosed as synovial sarcoma at the shoulder was used to test the maximal visual length. A mini-surgical incision was performed at 3 cm distal to the transverse wrist crease and a tiny flexible ruler was inserted through the tunnel beneath the skin to measure the maximal visual length.

Results: Our new retractor showed significantly better maximal visual length compared to the Senn retractor (47.7(8.1) mm vs. 39.2(6.5) mm). In addition, most assessors expressed a higher satisfaction rate with the PSU retractor than with the Senn retractor (7.3 (1.9) vs. 6.3 (1.1)).

Conclusion: In conclusion, we have developed a promising new retractor using a computer design program, which appears to be an improvement on the currently available equipment used for miniopen carpal tunnel surgery. However, further clinical studies are needed to confirm our initial findings.

Background

Carpal tunnel syndrome (CTS) is the most common nerve entrapment problem faced by orthopaedists. Surgical treatment is generally recommended in cases which fail to respond to conservative measures. Surgical treatment [1] normally involves cutting the transverse carpal ligament to reduce the carpal tunnel pressure. Open carpal tunnel release (OCTR) remains the accepted standard operation [2], but newer procedures include endoscopic or semiblind mini-incision techniques are being increasingly performed. Postoperative pain and late recovery are the main drawbacks to OCTR [3-6]. Mini-incision carpal tunnel release using various types of tool such as the Indiana Tome (Biomet, Warsaw, USA), the KnifeLight (Stryker Instruments, Kalamazoo, Michigan, USA) and the "Safeguard" system (KMI, Inc., San Diego, USA) have recently

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NEW PSU-CTR

OLD STANDARD INCISION



New PSU-Carpal tunnel release



2 Days

MIS CTR data

	Name	Number	Operativ	wound	Neural	Nerv	Vascul	Painfu	Recu	Incorr	Pillar p	Return	to work(days)
	Sunton -PSU	306 (L126,R1	7.5	1.8	0	0	0	2%	0	0	7.6% (9.5		
	Sarit-PSU	26(L12,R14)	10	1.8	0	0	0	4% (o	0	0	7.60%	13.5(O	pen20.8)	
	Vachirapan-PSU	21(L18,R11,E	10	1.8	0	0	0	0	0	0	0	N/V		
	Tavorn-Yala	100	10	2	0	0	0	0	0	0	N/V	N/V		
	Boonlert-Phuket	130	10	2	0	0	0	0	0	0	N/V	N/V	Approxir	nate
	Karn	21	11	2	0	0	0	0	0	0	5%(sus	10		
	Bundit-Trung	80	N/V	N/V	0	0	0	0	0	0	N/V	N/V		
	Chalermpon-Trung	28(M3,F25)	15	2	0	0	0	0	0	0	0	12.89		
	Tongchai-Bangpakok9	10	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	Approxir	nate
	Apinan-Songkla	34	12.5	N/V	0	0	0	0	0	0	0	12		
	Verachai-Songkla	28	12.5	N/V	0	0	0	0	0	0	0	12		
	Kanit-CMU	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V		
	Sorasak-Rama	28	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	N/V	Approxin	nate
	Peerapong-Tungsong	20	16.8(ope	2	0	0	0	0	0	0	5%(1)	6.1(op	en12)	
	Anuchit-Tungsong	20	N/V	2	0	0	0	0	0	0	0	N/V	Approximate	
	Koravit-Kolok	30	10	1.8	0	0	0	0	0	0	0	10		
Summary CTR	16 Surgeons	882	7.5-16.8	1.8-2	0	0	0	0	0	0	0-7.6%	6.1-13	5	
Open Articles	_				1.5%	0.2%	0.01%	19-16	%		36%			
Endo Articles			28.53		2.20%	0.4%	0%		3.4(2	0.6-6.	34%	22-54	2% failur	e> open

Course & Workshop







3 Models for Innovation course

Workshop 1 : Innovation workshop



Source: www.learningfundamentals.com.au

Rules

คิดบวก เสมอ ห้าม block ตัวเอง block เพื่อน ให้คิดว่าทุกอย่างเป็นไปได้ ถูกใจให้ดาว *** อยากทำงานด้วยให้ชื่อ เบอร์โทร







รอบ 1A, 1B =10+10 min รอบ 2 =10min รอบ 3 = 8min รอบ 3 = 5min กลับมาที่เดิม วิเคราะห์ของดี









Workshop 2 : Innovation launch





Workshop 3 : Innovation success





Top 10 Medical Innovations for 2015



Overview Where Are They Now?

