

PULSE

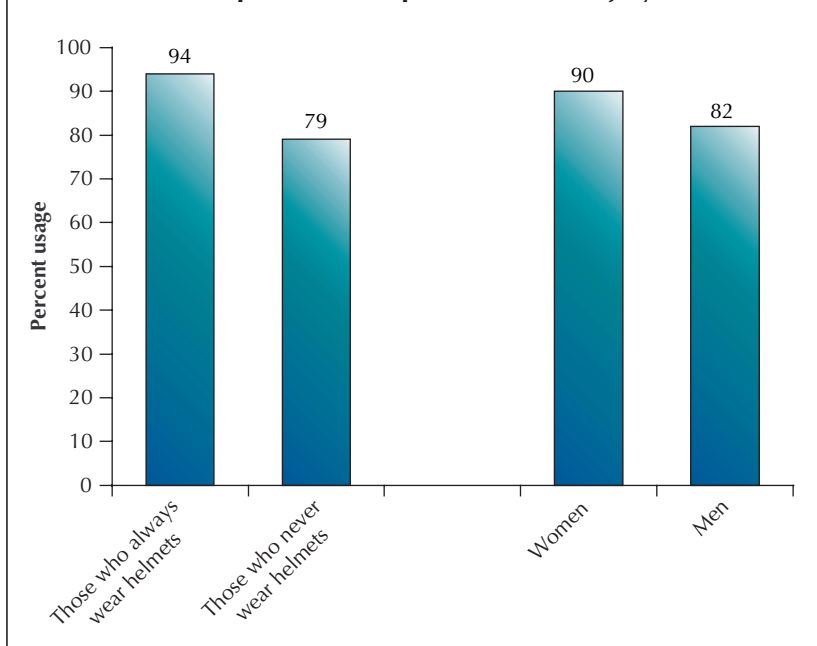
Everyone (but me) should wear a helmet

Ninety-seven percent of respondents to a recent poll either strongly agreed or agreed that serious injuries can be prevented by wearing a helmet during activities such as skateboarding, cycling, in-line skating and using scooters, and 95% strongly agreed or agreed that it is very important to wear a helmet at all times during these activities. However, adult Canadians' actual helmet use does not reflect these responses: only 35% of those who ride bicycles always wear a helmet while cycling, while 45% never do. Cyclists in British Columbia and the Atlantic provinces are most likely to wear helmets (61% and 56%), while those in Saskatchewan and Manitoba, and in Quebec, are least likely (12% and 25%).

Parents' use of helmets appears to affect children's use. Among parents who always wear a helmet when bicycling, 98% say their children always wear one. Seventy-five percent of parents who report that they never wear a helmet when biking stated that their children also never wear a helmet. Findings were similar for parents and children who in-line skate, skateboard and ride scooters.

Eighty-eight percent of respondents thought that public information and awareness campaigns would be very or somewhat effective in increasing the use of sports helmets. Eighty-one percent viewed safety courses and events as very or somewhat effective, and 77% thought government regulation would be very or somewhat effective in increasing helmet usage. The Ipsos-Reid poll involved interviews with 1000 Canadian adults. Results are considered accurate within $\pm 3.1\%$, 19 times out of 20. — *Shelley Martin*, Senior Analyst, Research, Policy and Planning Directorate, CMA

Proportion of Canadians strongly agreeing that sports helmets prevent serious injury



Surgeons in Halifax, patient in Saint John

When 4 neurosurgeons on Canada's East Coast recently removed a patient's brain tumour, 2 of the doctors weren't even in the operating room. In fact, Drs. Ivar Mendez and David Clarke were in an empty OR at the Queen Elizabeth II Health Sciences Centre in Halifax, while Drs. Simon Walling and George Kolyvas were 400 km away at New Brunswick's Saint John Regional Hospital. Between them, they performed a successful craniotomy.

This procedure was the first of a 2-phase initiative spearheaded by the Division of Neurosurgery at the QE II. Mendez, head of the Division of Neurosurgery at the QE II and Dalhousie University, says the goal is to establish tele-robotic neurosurgery in order to let patients at smaller centres throughout Atlantic Canada take advantage of the expertise that exists in Halifax without leaving home.

The telesurgery team used a \$500 000 Socrates Robotic Tele-Collaboration System, which allowed the neurosurgeons in Halifax to control a robotic arm that manipulated a powerful endoscope. The endoscope had a miniature camera that hovered about a centimetre from the surface of the patient's brain, providing a complete view of the surgical field. A 2-way video and audio feed, in conjunction with a sophisticated neurosurgical navigation system, allowed Mendez and Clarke to monitor all aspects of the surgery. A specially designed stylus further enabled the Halifax neurosurgeons to highlight key areas of the brain precisely and to draw incision lines, which appeared simultaneously on another video monitor in Saint John.

"The potential benefits of robotic teleneurosurgery are tremendous for a small centre like ours," says Walling. "This technology allowed us to bring expertise in real time from a larger centre."

In addition to improving outcomes, Mendez thinks the new system has the potential to shrink waiting lists, cut travel costs and reduce family stress. The cost is currently too high to make the surgery feasible in most centres, but Mendez says this will change as the cost decreases. — *Donalee Moulton*, Halifax