TWJ Short Fellowship report

Visit to 17th International Otology Course, Causse Ear Clinic, Colombiers, France
June 24 to 27, 2015

In June of this year, I visited the world-renowned Clinique Jean Causse. I felt very fortunate to be awarded the TWJ fellowship and was particularly keen to gain this experience because, since my previous visit to the Causse Clinic a few years earlier, my professional position had changed significantly: I had completed an international Otology fellowship and been appointed as a substantive Consultant. This enhanced experience and new responsibility for my Otology service meant that this time round I was approaching the course from a different perspective.

During my 4 day visit, I spent time as an observer in the operating room (OR) and as a delegate on the official course. I was expecting to gain knowledge of surgical techniques in chronic ear disease and otosclerosis. What I gained was much more than this.

Observer day

My first day was spent as an observer in the OR (operating room). I was joined by other 'pre-course' delegates from India, New Zealand and Spain. This was a great bonus, as it was really useful to be able to 'compare notes' and discuss our observations of the surgery and OR environment. I observed 3 cases: revision stapedotomy, cartilage tympanoplasty and atticotomy, all carried out by the same surgeon, Thibaud Dumon.

The whole time I was observing, everything seemed to run like a well-oiled machine. What I saw to be crucial to this smooth running was the precise theatre set up and continuity of the team. It was clear that the surgical team had been working together for a long time. The nursing team expertly positioned the patient, strapping them to the table and fixing the head in the optimal position. The nursing team were very familiar with the steps of each procedures and requirements of the surgeon, evidenced by the economy of communication between them.

Something that was new to me was the vertical alignment of the microscope and ear canal (achieved through patient positioning and use of a ceiling mounted microscope). One rationale for this was to aid the placement of prostheses (gravity has the effect of causing prostheses to fall posteriorly in a more horizontal operating axis). Also, a permeatal approach using speculum holder was used where possible, again something I do not routinely use as I haven't been exposed to this during my training.

The economy of movement and attention to detail displayed by the surgeon was a joy to watch. An example of this was the sculpting of the cartilage graft used for the tympanoplasty that was thinned and curved, trialled and adjusted until it fitted perfectly.

Lunch on the terrace with my fellow delegates involved more comparison of notes - this time of working practices. There was a wide ranging discussion about workloads, how

some do almost all operating under LA (+/- sedation) and the pros and cons of training surgical trainees.

The Course

The following 3 days were an opportunity to meet and discuss with international faculty and delegates. The course was a mix of live surgery and lectures rounded off with panel discussions on a wide range of Otology topics; otosclerosis, cholesteatoma, implantable hearing aids and ossiculoplasty. Surgery included canal-wall up and canal wall down tympano-mastoidectomy, primary and revision stapedotomy, VSB, bone anchored aid, revision tympanoplasty and ossiculoplasty. Lectures were varied, with content that was experience-based, results-based and research-based.

One of the highlights of the course was the interactive sessions, where we were able to ask the surgeons and faculty about the rationale for their approach/technique. I gained a lot of insight from hearing how surgeons dealt with real-world challenges and the complications they encountered.

Learning and ideas for my own practice

I took away many learning points from my visit, some of which included:

General: Have more continuity of staff and staff training, always having a screen so staff can understand and predict what may be needed, trying a different theatre set-up to the one I have currently, gain more experience in using a speculum holder (I am planning to visit one of the UK faculty about this).

Stapedotomy: Use of laser to minimise risk of SNHL; settings for laser; burr size for stapedotomy; how to take and prepare vein graft; use of intra- and post-operative steroids.

Ossiculoplasty: Avoidance of rotation vectors; use of head of malleus as an autograft; use of hydroxyapatite cement; use of vicryl as scaffold to rebuild eroded LPI with cement; consideration of other ossicular prostheses.

Mastoid surgery: use of endoscopes as adjunct to conventional surgery for examination of high risk areas, use of rifampicin to prepare bone pate, to adopt a protocol for MR imaging for monitoring patients.

To conclude, the Fellowship was really enjoyable and highly educational. Professor Vincent and the rest of the faculty were very welcoming and helpful. The clinic and the work done there are examples of what can be achieved with skill, dedication, teamwork and sticking to solid principles. I took a great deal away from my visit: things that will influence my practice and ultimately, I hope, improve the care that I can deliver for my patients.

Dipan Mistry, FRCS ORLHNS, MAEd