

TWJ Short Fellowship report

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June 27th to 31st, 2016

I recently visited the world re-renowned Clinic Jean Causse to attend their 18th International Otology Course in Columbiers, France. I am very grateful to the TWJ Foundation for awarding me the TWJ short fellowship, which allowed me to attend the course and also spend some days as an observer in this institute. I was also fortunate to get this opportunity at an important stage in my career as I am in the final stages of my speciality training in otolaryngology and am preparing to start my otology fellowship soon. My aim of attending this short fellowship was to enhance my knowledge in managing patients with otosclerosis and chronic ear disease. I was also keen to learn further surgical techniques that can be used when performing stapedectomies, ossiculoplasties and cholesteatoma surgery.

During my first 2 days, I spent time as an observer in the operating room (OR) with Professor Robert Vincent and Dr Thibaud Dumon. On the following 3 days I participated in their international otology course, which included invaluable lectures by both eminent national and international speakers and live surgery sessions demonstrating different otology surgical procedures.

Observership

In my observership, there were other 'pre-course' delegates from Denmark, Spain and India. This was indeed a very useful experience as it gave me the opportunity to discuss and share our views and experiences in otology training and practice. During my observership, I observed 2 stapedectomies and one revision ossiculoplasty performed by Professor Robert Vincent and 1 cartilage tympanoplasty and 1 bone-anchored hearing aid (BAHA) insertion performed by Dr Thiboud Dumon.

The first feature that impressed me was their well organized and efficient theatre set-up. The nursing team was well trained and familiar with the routine steps of surgery. They were responsible for positioning the patient on the operating table and also expertly preparing and draping the patient for the surgeon, thus allowing him to just focus on the surgical steps of each case. What I also noticed was that the nursing team was familiar with the surgical steps of all the procedures as they were aware of what instruments were needed and passed them on efficiently. This resulted in the surgery being carried out so smoothly that there was hardly any interruption encountered during the operating session.

Tips and pearls learned:

1. Horizontal placement of patient's head on the operating table with vertical alignment of microscope on the ear canal. This aided in prosthesis placement by preventing the prosthesis falling backwards due to the effect of gravity.
2. Use of speculum holder to hold the speculum in place, thus allowing the surgeon to use a permeal approach with both hands free for holding instruments.

3. Posterior displacement of the malleus handle to avulse it from the anterior malleolar ligament can increase mobility of the malleus handle, allowing a more vertical placement of the prosthesis between the malleus handle and stapes head/footplate.

The Course

The course included lectures, interactive panel discussions and live surgery sessions. The various otology topics covered included: otosclerosis and stapes surgery, ossiculoplasty, auditory implants and cholesteatoma surgery. The faculty included both national and international otologists with extensive experience in their respective fields. The interactive panel discussions were very valuable and gave us the opportunity to discuss various challenging and controversial topics in otology with the panel members. The faculty members also shared their various experiences with us which gave a more in-depth understanding of different challenging areas in otology and on how to manage difficult cases that we may come across in our routine otology practice. The live surgery sessions included stapedectomy, primary and revision ossiculoplasties, middle ear implant (VSB) insertion and canal wall up and canal wall down tympanomastoidectomy. The delegates also had the opportunity during these sessions to ask the surgeons and faculty members about the rationale for the techniques and approaches they used for these procedures.

Tips and pearls learned:

Stapedectomy:

1. To check for stapes fixation after dividing the incudostapedial joint to avoid missing ossicular chain fixation due to Fixed Malleus Syndrome.
2. Choice of prosthesis; a Robinson Bucket Handle prosthesis can be considered if the lenticular process of the incus lies at the level of oval window. For a long incus, a teflon or smart piston can be used.

Ossiculoplasty:

1. Vertical placement of prosthesis to avoid rotational vector forces.
2. Different choices of available ossicular prosthesis, hydroxyapatite cement and bone paté for ossicular reconstruction.

Tympanomastoidectomy:

1. Use of rigid endoscopes as an adjunct for examining high-risk areas.

In summary, the fellowship was extremely valuable. I learnt a lot during my stay over there and will look forward to utilising the skills and knowledge from this fellowship in my routine clinical practice.