

TWJ Short Fellowship report

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The TWJ Foundation awarded me a Fellowship to attend the International Otology course hosted by the highly acclaimed Causse Ear clinic in Béziers, France in June/July 2017. The course has run successfully for nearly two decades and this year the Clinic was hosting its 19th course. The course is organised by mix of local and international faculty and covers a variety of Otology topics with live surgical demonstration over a period of two and a half days. It is of note that the clinic also hosts a 'pre-course' whereby delegates can spend a few days ahead of the course within the theatres to gain a direct experience of the work set up at the clinic.

I am about to complete my speciality training in otolaryngology and will start an Otology Fellowship in a few weeks. What I hoped to glean from the course was an understanding of the international standard/consensus in the surgical management of chronic suppurative otitis media, ossiculoplasty and stapes surgery; and to learn some tricks of the trade to make challenging situations in ear surgery easier to tackle. I can safely say that I gained all of the above.

In addition to the course itself I attended two days of the pre-course. I found the pre-course particularly informative as I could attend the theatres as an observer and witness the surgical set-up first hand. It allowed me to 'compare and contrast' the set-up, equipment and the running of the theatres at Causse Clinic vis-a-vis what I work with routinely. The theatres in Clinic Causse are geared up for Otology surgery with ceiling-fitted operating microscopes that appeared easier to handle. The theatre staff were very efficient and a lot of the pre-surgical preparatory work such as patient positioning, scrubbing, draping and even initial lignocaine and adrenaline injections are done by the scrub nurse. The operating surgeon hardly ever had to ask for an instrument during surgery because the scrub nurse knew which instrument to hand over without prompting. Additionally the optics in the theatre were excellent which allow for greater engagement from the theatre staff and is essential for the observers!

At the pre-course I met delegates from other countries including Hong Kong, Colombia and Portugal. Some of them had attended two weeks' worth of pre-course. The pre-course provided an excellent setting for lunchtime discussion of contemporary surgical practices in ENT and the training set up in the different countries in addition to cultural exchange.

As part of the pre-course, I observed three ossiculoplasties and a revision tympanoplasty all performed via a permeal approach, a postaural tympanoplasty, a CSF leak repair (mastoid approach) and a bone-anchored hearing aid. Though I have come across the permeal approach to stapedotomy before it was interesting to see the permeal approach used

effectively and easily for tympanoplasty. Of course a decent speculum holder is essential to this technique. Other interesting bits were refashioning of the cartilage using a knife to attain a perfect fit; leaving the tragal incision open after harvesting cartilage to avoid a hematoma; preserving extra bits of cartilage within the tragal pocket to be used if necessary in a revision surgery; and the use of silastic sheets in the ear canal to prevent migration of the graft and prevent adhesions.

The actual course itself was very well organised with renowned visiting faculty including Sujana Chandrasekhar from USA and Robert Briggs from Australia. The local faculty includes Robert Vincent who is a brilliant surgeon and worth the visit on his own. The course consisted of live surgical demonstrations, lectures and panel discussions on contemporary topics with active encouragement of audience participation.

The live surgical demonstrations included two primary stapes surgery and one revision stapes surgery by Robert Vincent. Stapes surgery seems very simple while watching him perform it. One aspect he emphasised was testing for ossicular fixation after separating the incudo-stapedial joint. This allows malleus head fixation to be diagnosed effectively. He also demonstrated his technique with the Vincent prosthesis that is placed between the stapes footplate and the handle of malleus and gives very good hearing results in his hands. Other live surgery demonstrations included two cases of revision ossiculoplasty, a vibrant sound bridge insertion and a combined approach tympanoplasty in a particular challenging case of paediatric cholesteatoma. An interesting demonstration was in the use of cartilage strips in tympanoplasty to support the anterior aspect of the graft to prevent the common problem with residual anterior perforations.

The lectures on the course covered a variety of topics. Otosclerosis was a topic in focus and excellent talks were given on the surgical management, current opinion and surgeon's experience, as well as basic science behind otosclerosis. Further talks were on ossiculoplasty and congenital malformations of the ossicles. Sujana Chandrasekhar gave a thought-provoking talk on complex vertigo while Robert Briggs discussed the past, present and future of bone-anchored hearing aids. Other talks covered cement ossiculoplasty and management of retraction pockets. The panel discussions on various otology topics were lively and it was good to learn that more than one technique/opinion were acceptable in the management of conditions such as ossicular erosion, cochlear/semicircular canal fistula discovered during cholesteatoma surgery, and management of unilateral otitis media with effusion in adults.

I had a very useful time at the course and have learnt several 'pearls' that I will incorporate into my surgical practice. Robert Vincent and the team are very hospitable and I thoroughly enjoyed the course. Finally Béziers is a beautiful town with a lot to experience for those interested in travel. The region is renowned for its food as well and the course lunches and dinners were delightful. I wholeheartedly recommend this course to Otologists and thank the TWJ Foundation for the experience.