

# **CWJ Short Fellowship Report**

**Radboud University Medical Centre, Nijmegen, Netherlands – April 2023**

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I would like to thank the TWJ Foundation for its support in enabling me to attend the Nijmegen Otology course preceded by a one-week observership.

The timing in April was perfect, the weather was reasonable, and the city parks were full of life.

The ENT department is in a newly-built part of the hospital. Nijmegen is famous for its otology service that started around 60 years ago, and it is a national centre that offers tertiary care. The otology service is delivered by a team of about 7 consultants providing implantation, otology and lateral skull base care. It is an academic unit that is active in research, especially in implantation and lateral skull base surgery. It was useful to talk to the team about their research outcomes and future directions.

During the observation week, we attended the morning meeting of the department: it is usually in Dutch but was held in English while we were there. The lack of head and neck patients was striking. When asked about that the answer was that most patients are managed with radiotherapy, even advanced cases. All three inpatients were otology cases. It was useful to compare the management options and strategies in Nijmegen and in the UK. After the patients were discussed, a short presentation of an unusual case followed to review how the patient was managed with a summary of the available literature. We then went to the operating theatres which in a lot of ways are like theatres in the UK. However, because it is a teaching hospital, special attention is paid to monitors to ensure that those who are attending can watch every step of the surgery either from inside or outside the operating room. The cases were mostly CATs and CIs. The surgeons kindly went through the scans with us, and this was followed by a short explanation of the surgical planning and justification of the approach and the procedure. The CIs are done slightly differently but with the same attention to sterility. We had good discussions about external canal cholesteatoma and the extended round window versus the cochleostomy approach.

The course started on Monday. It is an 8-to-5 course with 2-3 hours of dissection every day except Friday. Every delegate is given two temporal bones and is given the freedom to either work according to the manual or to proceed at their own pace. The faculty was always available to provide feedback and advice. The availability of a second temporal bone was very helpful in consolidating knowledge gained from drilling the first bone.

The dissection would follow surgical cases in the timetable which was very helpful and allowed us to apply what we saw in the lab. The surgical cases were similar to what we saw in the first week: the difference, however, was that the visiting faculty also operated bringing different methods and ideas which were discussed in detail with the delegates.

There were lectures before and after the dissection which gave an insight into otology practice on the continent with faculty from Denmark, Belgium, Italy and the Netherlands.

Overall, this was a great experience and is highly recommended for senior otology trainees and junior consultants. I would like to thank the TWJ Foundation again for its help and for its efforts to support further training in otology both in Short and Long Fellowships.