

CWJ Short Fellowship - 56th Nijmegen Ear Surgery Course

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It was an honour and a privilege to be sponsored on a CWJ Short Fellowship to attend the 56th Nijmegen Ear Surgery course, which ran between 17.04.2023 and 21.04.2023. This prestigious 5-day course had taken a 2-year hiatus due to COVID and the organisers had put in a lot of effort to ensure a smooth-sailing programme. Prior to the start, there was excellent communication from the course secretaries Sarah Conings and Marlou Kluitmans on travel to and around Nijmegen, accommodation, the schedule of events and transportation to the Radboud Medical Centre where the course was held. The local prominent faculty was bolstered by a star-studded international cast including Shakeel Saeed (UK), Catherine Birman (Australia), Maurizio Falcioni (Italy), Per Caye-Thomasen (Denmark), Thomas Somers (Belgium) and Thomas Zahnert (Germany). There were 5 participants from the UK (including myself) alongside 26 more from Denmark, Sweden, Norway, Finland, Belgium and around the Netherlands.

The days began at 7:30am when we would be picked up from the Mercure Hotel and transported to the Radboud Medical Centre. The mornings were a selection of 2 different live cases, performed by the local and international faculty alongside a variety of lectures. The cases observed included a myriad of complex cholesteatomas, some eroding the lateral semicircular canals, facial nerve and even extending to the IAC; cases of cochlear implant and OSIA insertions (in a previously failed BAHA); mastoid obliterations for discharging ears; stapedotomy and subtotal petrosectomy with blind sac closure. The lectures consisted of tips and tricks in managing tympanic membrane perforations, ossiculoplasties, stapedectomies, imaging of the temporal bone, bone conduction devices, active middle ear implants, facial nerve management, cerebellopontine angle tumours,

bony obliteration in canal wall up tympanomastoid surgery, skull base osteomyelitis and SCC of the temporal bone.

The afternoons comprised 3 hours of intense temporal bone dissection where we were given free reign to explore all anatomical aspects of 2 temporal bones with guidance from the faculty. I used this as an opportunity to mobilise the entire facial nerve from IAC to stylomastoid foramen, and to skeletonise the internal carotid artery and jugular bulb allowing me access to the petrous apex via both infracochlear and transotic approaches. This propelled me to a new level in my dissections. The end of the afternoons allowed us the opportunity to meet the surgeons who had done the live demonstration cases earlier in the day to explore the reasoning behind their chosen approaches and to look at alternative ways we could tackle the challenging cases. I particularly enjoyed the use of the Kurz cartilage cutter to create thin pieces of cartilage for attic and tympanic membrane reconstruction, rather than a thick composite graft, to achieve better hearing outcomes; also, the use of bone paté for complete mastoid obliteration in an intact canal wall mastoidectomy. I would strongly consider these approaches for my patients. There was minimal use of the KTP laser in contrast to my practice.

At the end of most days, we were treated to evenings out where we were wined, dined and rejuvenated ready for the next day. On the Wednesday evening, we attended Catherine Birman's lecture as part of the William Brinkman lecture on her journey with Cochlear Implantation in Sydney. I thoroughly enjoyed my time at the course. I picked up a lot of theoretical and practical skills that I am looking forward to incorporating into my practice and was very honoured to meet otologists from all around the world to share experiences whom I can now call friends.

