

CWJ Short Fellowship report

## **15<sup>th</sup> Antwerp Bony Obliteration Tympanoplasty Course**

10-12<sup>th</sup> May 2023, European Institute for ORL, Sint Augustinus  
Antwerp, Belgium

Miss Kasia Konieczny

Locum Otology Consultant, Royal Berkshire Hospital, Reading

After a smooth Eurostar journey from London St Pancras to Brussels, I took a train to Antwerp Central. Indisputably, it is worth stopping here and taking some time to admire the fine architecture of the station, which was previously named as the most beautiful railway station in the world. I was welcomed by refreshing rain and spent my first day walking around the city and tasting its famous Stoofvlees (Flemish beef stew) and delectable fries.

The three-day course took place in the European Institute for ORL-HNS, a spacious and recently restored building situated opposite the Sint-Augustinus hospital. It comprised well-timed and relevant lectures, cadaveric dissection in the skills lab (within the hospital) and live surgery (with a large 3D TV screen linked to the operating room and 3D glasses for the observers).

The faculty explained their philosophy behind the BOT technique, shared their excellent results showing a very low recurrence and residual rate of cholesteatoma, and provided details of their preoperative work-up as well as postoperative radiological follow up. We were then able to practice bony obliteration in the skills lab. Each of the 11 participants was able to dissect both temporal bones of the fresh frozen cadaveric head provided. I had experience of BOT during my recent Fellowship in Cambridge, but this was achieved using bone dust (or hydroxyapatite granules, mixed with rifampicin), without harvesting bony chips. The faculty members were very attentive and keen to explain/correct the surgical techniques that we were practising.

The other procedures that we were able to perform and observe during the live surgery comprised: meatocanalplasty, fashioning of a middle temporal artery flap, canal-wall-up mastoidectomy, blind sac closure and subtotal petrosectomy. An interesting aspect of the live surgery was the use of total tympanic membrane/ossicular chain allografts, which is not practiced in the UK as far as I am aware.

We also had a presentation on the application of Bonalive granules which can be used in mastoid obliteration surgery - a promising alternative material, thought to be able to inhibit bacterial growth.

To conclude, it is difficult not to mention the Course Dinner when we were able to enjoy exceptional dishes and each other's company.

I am extremely grateful for being able to participate in this course and would like to thank the course organisers, the faculty and the TWJ Foundation for this unforgettable experience.