

CWJ Short Fellowship to Clinique Jean Causse, Béziers

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I am extremely grateful to the TWJ Foundation for their support in attending the 23rd International Otology Course at the Causse Clinic in Beziers, a world-renowned otological centre of excellence. As a senior trainee at the RNENTH I have had the opportunity to work in a department with a high volume of middle ear surgery, in particular stapes surgery. I was therefore curious and excited to learn from experts at another leading otological unit. I looked forward to exploring similarities and differences in our operative techniques and surgical philosophies. I was also excited to meet trainees and experts representing each of the major continents.

The course was held over three days and divided into four sections covering key themes in otology, including, otosclerosis, ossiculoplasty, auditory implants and chronic suppurative otitis media, both mucosal and squamous. Each section consisted of talks from leading experts in the field, complimented by live surgery demonstrations. At the end of each section there was a panel discussion where variations in practice were debated.

Amongst the talks my personal highlights included talks on ossiculoplasty by Chris Aldren (UK) and stapes surgery by Ashim Desai (India). Both talks outlined the variety of approaches that can be considered, with the pros and cons of different options supported by robust personal outcome data for each option. Learning about the impact of fenestration size, piston diameter and the use of vein graft on audiometric outcomes in stapes surgery helped me to develop a schema to approach future cases. I was also impressed by Ashim's use of modified on-table audiometry for ossiculoplasty and stapes surgery. I also particularly enjoyed a talk by Sady Da Costa (Brazil) on aetiology of Beethoven's hearing loss.

The live surgery demonstrations were helpful to build upon the theory discussed during talks. In particular, I enjoyed demonstrations on ossiculoplasty where I gained exposure to a number of prostheses which I had not previously encountered. These include the malleus replacement prostheses by Kurz and the Vincent-Alto prosthesis, developed by Robert Vincent, for use in both total and partial ossicular replacement. This prosthesis is used in situations with both an absent and intact stapes superstructure and is laterally positioned under a relocated malleus handle which was an elegant way of achieving lateral stability of the TORP.

Although not a live demonstration Duane Mol (South Africa) presented operative videos of hearing reconstruction using Ketac Cem as an alternative to OtoMimix. He uses a nylon suture core to shape

the reconstruction and presented excellent hearing outcomes. In addition, there were demonstrations of stapes surgery using both Causse and bucket handle stapes prostheses.

Surgery at the Causse Clinic shares several similarities to our practice at the RNENTH. Differences in practice were especially useful to observe and to reflect upon. In contrast to our practice, all surgery is performed under general anaesthetic. The patient is positioned head down and rotated to enable vertical orientation of the speculum and optimal positioning for the surgeon. I valued the emphasis on good operative posture which is often overlooked. In stapes surgery fenestration is performed with both the laser and the Bien Air OSSEOSTAP drill for each patient. Vein grafts are harvested and used as a seal around the stapedotomy to prevent perilymph fistula. Post-operatively patients are all routinely admitted for a period of 5 days to observe for any complications.

This rich diversity in both faculty and delegates allowed for stimulating discussion, both in round-table panel discussions during the day extending into the social program at break times and in the evenings. The course dinner was hosted in the gardens of a beautiful Château where we were entertained by a live band, a magic show by Duane Mol and of course the company of our group. I was able to forge friendships with colleagues from across Europe and beyond and hope to maintain these professional relationships into consultant practice.

One valuable takeaway from the course is that there is no one-size-fits-all approach to managing otological diseases. Instead, developing a practice informed by a well-reasoned rationale and supported by personal surgical data is crucial. The emphasis on utilising otological databases throughout the course has left a lasting impression on me.

This unique opportunity has profoundly impacted my otological practice, and I am eager to apply the knowledge and skills gained from the course in my future work. As suggested by the TWJ Foundation, this course is ideally suited for senior trainees or junior consultants looking to deepen their understanding of otological theory and practice.