CWJ Short Fellowship to Clinique Jean Causse, 2023

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A centre such as the Clinique Causse has surrounding it such a legendary aura. It has set a well-established global benchmark in terms of incredibly high standards of otological care and outcomes, particularly in the context of stapes and ossiculoplasty surgery, driven forwards by the inimitable pioneer, Dr Robert Vincent.

Thus, on Monday June 26th, after leaving the beautiful medieval heart of Béziers where I opted to stay, my journey took me to Colombiers with the road meandering through charming vineyards and finally arriving at the clinic. And thus, the mythical status of the Causse Clinique was reinforced in me, as well as a feeling of being somewhat awe-struck, having arrived at the destination I had oft heard spoken about with such high regard by my own Otology mentors from the earliest days of my training. It requires no further introduction.

My pre-course days commenced with a day in clinic with Prof Wilko Grolman, with whom I saw a variety of patients with balance problems as well as CSOM. I was impressed at the highly efficient set up of the consultations, where clinicians are also afforded the chance to carry out and interpret their own assessments e.g. VHIT, VNG. With so many patients coming from all over France and beyond, it is most practical for them to be seen, assessed and treated on the same day. I reflect back to my own UK Otology practice, where I often require separate appointments weeks apart to organise specialist tests.

Across Tuesday and Wednesday, I had the pleasure of meeting colleagues from Hong Kong, Israel, India and Brazil. We were welcomed into the operating theatre, and had the chance to see Dr Thibaud Dumon perform various cases including revision tympanomastoid surgery, as well as stapes surgery utilising the vein graft technique for sealing the stapedotomy, ensuring the intimal surface is in contact with the teflon piston. I had only ever seen this technique in Dr Vincent's online resource, so it was useful to see this demonstrated in vivo. The crura and stapedotomy were drilled by Dr Dumon using BienAir Osseostap drill, which I have used in the context of cochlear implant surgery for posterior tympanotomies and drilling of the round window niche, but not yet for my stapes work. Patients are admitted for around 5 days postop with IV steroid administration. This seems to offer greater reassurance to patients, many of whom travel huge distances to attend this clinic; as well as enabling optimal post-op management, with early recognition and prompt treatment of any problems.

From a practical perspective, it was also impressive to see how efficiently the operating theatres ran. There were no delays. Anaesthetist and surgeon seemed to understand one another without the need for many words. The nurses were exemplary, having positioned and set up the patient ready for the operation to start. No time is wasted. The patient is positioned with the tympanic membrane being almost horizontal for stapes surgery, the microscope is ceiling-mounted, a table-mounted speculum is used and the set up is as ergonomic as possible for the surgeon, e.g. using Mayo table to support the right arm when operating on a left ear.

Another wonderful aspect of the pre-course visit is the exchange of ideas between colleagues across the world. As otologists, we all appreciate that there may be 10 approaches to the same age-old problem, and we choose that which renders the best result in our hands.

Nevertheless, it is imperative to know and appreciate the different methods, as well as have the ability (and humility) to be able to adapt these methods to work within the confines of the resources of our own environment. Therefore, with every case observed, the discussion afterwards with the operating surgeon and visiting fellows was truly invaluable. This philosophy of exchange of ideas and fostering links is integral to the International Otology Course at the Clinique Causse.

The course itself followed Wednesday – Saturday morning, with a mixture of lectures and live surgery. We had the privilege to witness a plethora of cases, including Dr Vincent performing primary and revision stapes surgery, Dr Dumon carrying out Vibrant Soundbridge MEI implantation, and a tricky case of revision cholesteatoma surgery with dehiscent LSSC and tegmen performed by Dr Cacès. A particular highlight was to see live surgery by Dr Vincent demonstrating 2nd stage ossiculoplasty following 1st stage Malleus Replacement Insertion: again, something I had only ever seen in Dr Vincent's operative videos. This opened my eyes to a world beyond my everyday staples of Variac TORP & Kurz Clip PORP.

Each day was punctuated with a hugely stimulating panel discussion, for me the diamond in a veritable treasure trove of a programme: to be able to troubleshoot cases with the resource of a global faculty comprising masters of their craft. Réné Descartes wrote, "Chaque problème que je résolvais devenait une règle, qui servait ensuite à résoudre d'autres problèmes" (each problem that I solved became a rule, which served afterwards to solve other problems). This sentiment has resonated with me throughout my surgical practice. If we extrapolate this to the appetite for discussion and dialogue at the Clinique, whether after observing cases, during panel discussions, or over a glass of wine in the evening, one can certainly appreciate how useful this is in improving (or challenging) our own practice. Another key learning point during my time at the clinic was the critical need to record and interrogate closely our own otological outcomes, as highlighted by Dr Vincent using his ONDB.org database, which I found to be very user-friendly and I hope to start using myself.

I would like to thank the TWJ Foundation, the course organisers and faculty: in particular, Dr Robert Vincent, Prof Wilko Grolman, Dr Thibaud Dumon, Mr Chris Aldren and Dr Ashim Desai. And final thanks to all the staff at the clinic who were so helpful and friendly. It was an unforgettable experience.

A footnote on logistics:

I flew from London to Montpellier, and then took a train to Béziers. A shuttle bus had been organised each day during the course Wednesday – Saturday to and from Béziers and the clinic. I took a taxi Monday – Wednesday for the pre-course. An excellent lunch was available during the week, and we were treated to a beautiful gala dinner on Thursday evening with jazz musicians and local wine (to a musician and oenophile such as me, I could ask for little more). There is so much to explore in and around Béziers, including the Canal du Midi, Cathédrale St.Nazaire, Le Musée Fayet, the small winding streets, the countryside and vineyards of this region (far beyond the scope of a mere footnote).