

TWJ Short Fellowship – Observership & 24th International Otology Course
Clinique Jean Causse, Colmbiers

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I was fortunate to be awarded a grant by the TWJ Foundation to attend the 24th International Otology Course at the renowned Clinique Jean Causse in Colmbiers, in the beautiful Occitaine.

As a final-year otology registrar currently working in a job with a busy middle ear practice, this seemed an ideal time to undertake this course, particularly ahead of my post-CCT otology fellowship starting in the coming months.

The pre-course days were shared with otologists from the UK, Ireland, Singapore, New Zealand, Spain and Brazil. We were warmly welcomed by Robert Vincent and joined himself and Thibaud Dumond in theatre and discussed cases amongst ourselves and how approaches differ across the world. I found the pre-course particularly interesting as it allowed a direct comparison between otological theatres at the Causse Clinic compared to those experienced in my training in London.

The operating theatre set-up was different to what we are used to in the UK. The patient is anaesthetised, positioned, prepped and draped before the surgeon makes an appearance. There is no WHO check, but the patient's medical history, audiograms and imaging are printed out and readily available for review. The Zeiss microscope is ceiling-mounted with two huge OLED screens mounted on the walls broadcasting the microscopic view in 4K to everyone in theatre, using space in the small theatres efficiently. All operations are recorded and patients given a copy of their operation. The teamwork between surgeon, nurse, anaesthetist and the rest of the theatre team is exemplary. The scrub nurse, with whom Robert Vincent has worked with for over 20 years, almost innately knew what instrument he would ask for.

During the pre-course, I managed to observe Dr Vincent performing primary and revision stapes surgery, a malleovestibular prosthesis and a tympanoplasty for malleus ankylosis with a TORP and silastic banding, something I had only seen before in his YouTube videos. I was also able to observe revision tympanomastoid surgery for cholesteatoma, a revision ossiculoplasty and a Bonebridge implantation. While the cases were similar to what I am used to, the approaches often differed.

Interestingly, Dr Vincent no longer uses a laser for stapes surgery, having previously used a CO2 laser. He stopped using it when it broke and curiously has had no cases of sensorineural loss since. Unlike my training so far, where the majority of my stapes surgery has been under LA & sedation, the patient is strapped to the table and the table is rotated with the aim of having the stapes footplate horizontal. The speculum is placed vertically and held with a speculum holder. He uses a Bien Air Osseostap drill with a 0.7mm burr to perform the stapedotomy. The vein graft is a staple step of stapes surgery at the Causse Clinic and it is used to simulate the function of the annular ligament of the footplate with the non-sticky intimal side placed facing the prosthesis. Patients are admitted for 5 days for post-operative IV dexamethasone and observation to allow earlier recognition of complications, as opposed to the daycase stapes surgery I have experienced during training.

Dr Vincent's approach to ossiculoplasty surgery is unique and consists of relocating the malleus handle posteriorly to allow placement of a TORP with a silastic-band over the stapes achieving stability by a vertical column ossicular reconstruction.

The 24th International Otology Course itself was a mixture of lectures and live surgery with plenty of time for round-table discussions. The international faculty consisted of renowned otologists from France, Germany, Brazil, USA, Spain and the UK.

The live surgical cases included stapes surgery, ossiculoplasty, malleus replacement prosthesis, Vibrant Soundbridge middle ear implantation and both primary and revision mastoid surgery for cholesteatoma. These cases provided a framework for the lectures and discussions over the three days of the course. Tips, tricks and controversies in otological surgery were discussed at length and a strong emphasis was placed on keeping a database of one's results either using a self-made database or the ONDB programme developed by Dr Vincent. The course was, like the pre-course, academically stimulating, incredibly interesting and inspirational. There was a definite realisation that there is no singular 'right way' to approach otological surgery and of most importance is that the correct technique that works best in an individual surgeon's hands (as proven by an audited database) is chosen for each individual patient.

The social side of the week complemented the educational programme. Those of us on the pre-course were fortunate to be invited to Dr Vincent's house along with the faculty for drinks and the course dinner on the penultimate night was a highlight, with wonderful food and live music held in the gardens of a local château.

I am extremely grateful to the TWJ Foundation, the course organisers, faculty and Dr Vincent for this invaluable experience. I would highly recommend both the observership and course to senior trainees keen to gain the perspective of an experienced faculty of international otologists. The faculty also emphasised the value of delegates meeting and developing relationships with other young otologists from across world. This has certainly been taken on board by our cohort who continue to keep in touch via a WhatsApp group.

Logistics

A brief note on the logistics of the trip. I flew into Montpellier as there were more regular flights from London. After a shuttle bus & tram into the centre, I took the train to Beziers which runs hourly. I rented a studio flat in Beziers and took taxis to and from the clinic which is based in Colombiers during the pre-course. A single taxi journey is approximately €25 but there were others staying in Beziers during the pre-course with whom I was able to share these taxis.

During the course itself (Thursday to Saturday), a coach runs from central Beziers to the hospital and back afterwards.

