

TWJ Short Fellowship Report 2024 Kimberley Lau FRCS (ORL HNS)



In 2019, I was offered the CWJ Short Fellowship to attend the Causse Ear Clinic Otology Course in June 2020. However due to the disruption from COVID, this short fellowship was delayed. I was so pleased that I was allowed to reinstate my fellowship and attend the 24th International Otology Course at Causse Ear Clinic in June 2024 along with a 3-day pre-course observation prior to the course. At this stage I had just been a consultant for about a year with a primary interest in Otology, and I was looking forward to observing and learning from the experts.

I flew into Paris and took the TGV to Béziers which was a comfortable 4-hour journey. I stayed at a hotel in the centre of Béziers which had a lot to offer in terms of dining options and easy access to some of the sights. The most straightforward way of getting to the Causse Ear Clinic was by taxi. This cost roughly €20-25 each way. However, during the course dates, a free shuttle bus would pick delegates from the centre of Béziers to the clinic and back at the end of the day.

On the first day of the pre-course session, which was a Monday, I was warmly greeted by Dr Robert Vincent at his outpatient clinic and also had the pleasure of meeting other pre-course delegates from all over the world including India, Ireland, Brazil, UK and Spain. In the course of the week, we forged great friendships and had abundant discussions over our different experience and shared our varied experiences. In the pre-course observership we had the opportunity to observe Dr Vincent as well as Dr Thibaud Dumon and watched several revision ossiculoplasties using both the microscopic technique as well as the endoscopic technique. We also observed a few exploratory tympanotomies, one removal of Cochlear Baha Attract and insertion of Bonebridge as well as an insertion of the Oticon percutaneous baha using the MONO technique.

I paid particular attention to the layout of the room as the theatre ergonomics appeared to be optimised. The Zeiss microscope was fixed to ceiling, the scrub table was positioned at the head and the patient was always prepped, draped and positioned to enable a vertical positioning of the speculum. There were two large monitors mounted to the wall on the either side of the microscope which meant that everyone in the room was able to watch the procedure from any standing point. This was a perfect layout for teaching. There was certainly a strong emphasis on operating ergonomics that was stressed not only during the pre-course and also echoed by the other facilitators at the course. Dr Vincent and Dr Dumon were excellent teachers, encouraging us to ask any questions whilst they operated.

The theatre staff worked together in an almost perfect choreographed manner. Patients were sent for promptly, and the patient would already be prepped and draped and ready for the surgeon by the time he arrived. During surgery, the experienced scrub nurse would hand over instruments often without even being asked for as she was so familiar with the surgical steps. There were very minimal interruptions and was most certainly the most efficiently running theatre I had ever witnessed. I left with a deep desire to figure out how I could adopt some of the efficient practice in my own theatre.

The 24th International Otology Course started on the Thursday and the rest of the faculty and delegates arrived from all over the world. The course was a mixture of live surgeries, interspersed with lectures that were complementary to the surgeries. There were also some round table debates. The quality of the live broadcast of surgery has to be commended – there were no lags in the video or sound quality making it an excellent learning experience allowing everyone attending to have the chance to question the surgeon and the moderator in real-time.

On Day 1 we watched:

1. CWU mastoid surgery with obliteration of mastoid and attic with fascia and bone glass
2. Primary stapedotomy (patient had a biscuit footplate)
3. Revision tympanotomy and ossiculoplasty with TORP
4. Vibrant Soundbridge

On Day 2

1. Revision CWU mastoidectomy with glass bone obliteration
2. Transcanal revision tympanoplasty
3. Revision tympanoplasty and ossiculoplasty
4. Osia

The faculty and delegates shared many different tips and pearls of wisdom in particular with regards to stapes surgery, ossiculoplasties, cholesteatoma surgery and mastoid obliteration techniques. As I had never seen a Vincent TORP prior to this course, a few things that I learnt include:

1. Relocating the malleus does not affect hearing as long as lateralisation of tympanic membrane is avoided by making sure that the tympanic membrane sticks back to the malleus and the right length of TORP is used
2. Ensure that the silastic band goes underneath the stapedial tendon to prevent erosion of the stapes neck

In one of the presentations, Dr Vincent shared his experience with middle ear reconstructive surgery and how he learned from his own failures. He encouraged all of us to track our results and shared the ONDB database that he uses. We are aware as surgeons that there are things that we can control and things that are beyond our control. But by recording the results from all his surgeries he was able to identify a main cause of failure for his ossiculoplasties which resulted in him moving towards using TORPS. This resulted in an improvement in the patients' hearing results. This was particularly inspiring as Dr Vincent taught us that we have to look to our failures in order to succeed and in particular we have to be analytical about our own surgeries and outcomes.

At the course dinner, the faculty and the delegates mingled and enjoyed the live music and the delicious food. We danced and sang into the night, almost missing our shuttle bus back to our accommodations! This course not only focused on learning and sharing experiences, but it was very clear that the faculty had wonderful camaraderie and reminded us of the importance of keeping friendships and maintaining relationships.

I am most grateful to the TWJ Foundation for the opportunity to attend this excellent course and also the Dr Vincent and the entire faculty who have made the experience unforgettable.