

CWJ Short Fellowship to Nijmegen 2025

Miss Anne Markey

Location: Radboud University Medical Centre, Nijmegen

Dates: Observership 12-16th May, Course 19-23rd May

Observership

I spent 4 days at the Radboud UMC as an observer. I observed in three clinics, one otogenetics clinic, a routine follow-up clinic and a post-take clinic. There were 4 theatre sessions during which cases included a tympanoplasty, which turned out to be a deep retraction pocket, a sigmoid sinus resurfacing for pulsatile tinnitus, a revision cholesteatoma and a middle fossa approach to a CSF leak. I also saw some interesting head and neck cases.

It was fascinating to see another healthcare system in another country. The hospital was very new, clean and calm. The department is a tertiary centre and, in contrast to our tertiary centres, only sees referrals from other ENT surgeons in smaller hospitals. While this has the benefit of not seeing so much basic ENT it does mean that many of their cases are complex revision cases with limited information from the primary surgery and a more limited opportunity to do any primary cholesteatoma surgery.

It is mandatory to have a strong research interest to work as an ENT surgeon at the Radboud: by comparison, in UK tertiary centres only a small number of consultants would have timetabled research activity. There is a strong team approach within the department and the previous day's referrals are discussed daily at the morning meeting that all attend and one of the juniors gives a research presentation. On Thursday mornings the meeting is accompanied by a team breakfast.

There were many similarities surgically to our practice in the UK. There are also some of the same frustrations with delays in theatre, staffing and last-minute cancellations. However, some notable differences for me were the use of tissue glue directly onto the repair of the tympanic membrane and the practice of obliterating the mastoid cavity in every case (with bone paté and tissue glue). Canalplasty is used much more frequently than in the UK and endoscopic surgery has only recently been introduced. Ear canal dressings are removed at 1 week even after canalplasty, whereas I am used to these being left for 2-3 weeks.

Nijmegen Ear Surgery Course

This was a fantastic course made up of short lectures, live-streamed surgery and practical sessions in the bone lab. I had the opportunity to drill 3 temporal bones and have an endoscopic session. To complement my current stage in training I focused mainly on the posterior tympanotomy, exposing the length of the facial nerve, and on ossiculoplasty.

The lectures were exceptionally high quality and perfect in length at about 20 minutes. The first lecture on the mechanics of the tympanic membrane, sound transmission and the implications for reconstruction was most enlightening and will certainly change my practice in terms of graft choice, optimum thickness and ossiculoplasty placement.

The live surgery was undertaken in two theatres simultaneously with one very large screen and several smaller 3D screens. The dual theatre arrangement worked well, being able to switch between the two theatres. There was interactive sound transmission which helped for live commentary and questions. The cases included revision cholesteatoma, stapes surgery, ossiculoplasty, canalplasty, Osia implant and middle fossa approach to a CSF leak.

While individually both the observership and the ear course were excellent, together they had a synergistic effect. I was able to really engage with the genetics lecture having been in the otogenetics clinic the previous week. Similarly, watching the middle fossa approach to the CSF leak on the live-streamed surgery was far easier having seen it in person in theatre the previous week. I would certainly recommend the observer week to any future attendees of the course, and I will myself seek this out where possible on other courses.

I would like to thank the TWJ Foundation for the grant towards this course and for making the opportunity of the observership possible. I would also like to thank all the ENT staff at the Radboud for their welcome, hospitality, willingness to converse in English and patience with my endless questions.