Elinor C. Warner

CWJ Short Fellowship 2026

59th Nijmegen Otology and Lateral Skull Base Course

Many thanks to the TWJ Foundation for awarding me a CWJ award to attend this well-renowned course. I applied a few years ago but had to defer my attendance due to pregnancies and Fellowship training, so I was grateful to finally get to attend.

I set off from London for Nijmegen on Sunday afternoon, flying from Gatwick to Amsterdam. Amsterdam Schipol airport was extremely easy to navigate and I was soon on a direct train from there to Nijmegen which took about 1 hour. I had chosen a boutique (read small) hotel just 5 minutes' walk from the recommended "Hotel Rebyl" where the candidates assembled every day to be transported the short 10-minute drive to the Radboud UMC University campus. I immediately met some ENT surgeons from Denmark, and later surgeons from Belgium, Germany, Norway, Sweden, Holland, Moldova, Iraq, Kenya and Scotland.

The days were broadly split into lectures and live surgery in the mornings and temporal bone lab sessions all afternoon. The faculty were experts in the field from all over Europe and were extremely approachable and fun to be around.

Thomas Zahnert from Dresden gave an interesting lecture on ossicular and acoustic coupling (the concept of the TM acting as a shield to prevent sound directly travelling into the round or oval windows) and demonstrated some of his acoustic results testing different TM repair materials. Thinned cartilage (0.3mm) was found to be best for natural sound.

The first morning of live surgery was a mastoid obliteration (using a mid-temporal flap) and paediatric cholesteatoma. Prof Saeed performed a CAT with obliteration employing a superiorly-based periosteal flap. Uro-maxitol was discussed as an option for preventing cholesteatoma recurrence (it breaks down bonds in the cholesteatoma matrix): however, the fact that it can't be applied to dura is a downside, given that this is one of the areas where you may be more likely to leave disease. A talk on clinical audiology by Dr Lanting discussed the aftershock device for recreational use – suggesting that this irradiates through the EAC rather than being a true bone-conduction device (BCD).

The temporal bone lab was really exceptional - the biggest and best I have ever seen. There was space for about 40 candidates in the main room, and then another 8 candidates in the adjacent room which was set up for endoscopic surgery. We were split into 5 colour-coded groups to help organise the sessions, and I was in the endoscopic group first. There was no shortage of temporal bones (we were supplied with 3 to use throughout the week). The quality of the equipment and kit was also exceptional, with representatives of various companies there for support. Every station

had matching high-quality instruments and there were sufficient faculty members available to ask for assistance if needed. There was also a blue laser set up in the adjacent room for us to try.

We all got into shared taxis at the end of the day for a lovely dinner at a local restaurant complete with a 3-course meal and free-flowing drinks. The faculty and candidates all mixed nicely and we had an engaging conversation discussing the similarities and differences between our various countries.

The next morning the lectures were on BCDs and there was live stapes surgery, BCD Sentio surgery and another 2 ossiculoplasty cases. The faculty took turns to moderate this and to ask questions from the audience (or themselves) throughout. There were 2 operations going on simultaneously, which allowed the AV team to switch between the two and keep the audience engaged. The AV set up was phenomenal and mostly went without a hitch. 3-D glasses were provided to aid visualisation but these were mostly tried only for a short while: most candidates reverted to the main screen which provided sufficient visualisation.

For the afternoon I was in the microscope area of the dissection lab and was astounded at the quality of some of the microscopes (equivalent to our theatre microscopes with electronic hand controls), which made a huge difference. The lab staff were incredibly accommodating and new drills burrs were available anytime they were requested. Having the evening off gave me the chance for a run along the river and to explore Nijmegen city a little more.

Day 3 and 4 included live cochlear implant surgery, bony obliteration mastoidectomy (with bone chips), subtotal petrosectomy and blind sac closure and a canalplasty and meatoplasty. The Wednesday evening was another special event with the Brinkman Lecture being delivered on the genetics of hearing loss and new therapeutic targets. This was fascinating and again we were treated to dinner afterwards. Our final evening was perhaps the most spectacular, in the oldest restaurant in Nijmegen on a beautiful evening. I had a fascinating time sitting next to two Kenyan skull base surgeons and comparing notes on pathology and how things are done. It is a team I hope to visit in the near future.

Day 5 involved no live surgery but another lab session in the morning and a special afternoon of skull base pathology “capita selecta” including paraganglioma and pulsatile tinnitus.

A particular highlight of the course for me was interacting so much and so freely with the faculty throughout the week, and particularly the opportunity to speak to the surgeons who had performed the live surgery that morning and ask them anything. It was very refreshing and reassuring to see the long-term results from patients operated upon the preceding year, presented by the department’s registrars later in the week for accountability and governance. We were told that this year’s course participants will be shown the results from this year’s patients in due course.

In addition to the wonderful local Radbound UMC team (Corrine and Thomas Mylanus, course organisers), and our own Profs Saeed and Bance, Thomas Sommers was a stand-out member of the faculty for coming across as both humble and kind and staying for the entire duration of the course, delivering multiple lectures and performing several of the live surgeries.

I would highly recommend this course.

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