

Report of Ear Aid Nepal Educational Otolaryngology Bursary Course 2017

On 30th October 2017, we met Dr. Jeremy Lavy in RNTNE (Royal National Throat Nose and Ear) hospital. He took us for the registration at UCLH administrative office and then we came back to RNTNE hospital. He introduced us with Dr. S. Khalil (Skull base surgeon) and Dr. Nish Mehta (Registrar), there we observed many pre and postoperative cases of Acoustic neuroma in Out Patient Clinic on that day. We got to know how to deal with the patient and recording of documentation in different way rather in our country. Next day on 31st October, we observed Combined Approach Tympanoplasty (CAT) for Congenital cholesteatoma done by Dr. Lavy and Mr. Joe (Registrar). I found different scenario regarding canal wall up surgery for congenital cholesteatoma in U.K, rather than canal wall down which is usually done in Nepal. On 1st November, we observed cochlear implant opds with Dr. Lavy and swith-on programme for cochlear implant patient with one of the audiology staff. After lunch we were allowed to observe the Sleep Endoscopy followed by Sleep Apnoea Surgery by Dr. Bhik Kotecha one of the renound Sleep Apnoea Surgeon. Tonsillectomy and partial excision of uvula followed by Radiofrequency ablation of tongue base and soft palate was done for the OSA patients. We got to know the implications of Radiofrequency based surgery in OSA patients which we had never seen before. We discussed about the modification of uvulopalatopharyngoplasty (U3P) and the use of bipolar cautery instead of Radiofrequency which is not available in our setup. On 2nd November we observed septoplasty and insertion of sialistic sheet for septal perforation done by Dr. J. Joseph in OT1. Cosequently we observed Microlaryngoscopy, Biopsy, CO2 Laser application and baloon dilatation for the tracheal stenosis done by Dr. Rubin in OT4. Again we went to observe the External Septorhinoplasty done by Dr. J. Joseph in OT1. There we discussed about the techniques of Rhinoplasty and the prosthesis used for augmentation rhinoplasty. In our setup, we use silicon material for augmentation but in U.K, they usually use conchal and nasal septal cartilage for augmentation. On 3rd November, we went to UCLH hospital with Dr. Lavy, there we observed Bilateral Cochlear Implantation in 1 year deaf child done by Dr. Lavy and Dr. Rob. I found the way of doing the cochlear implant was superfast. We asked various questions regarding cochlear implantation. I was amazed to see that there is no trend of giving antibiotics postoperatively even after such a big surgery and the patient was discharged by evening. In our country, the health service is not funded by the government, so the needy candidates for cochlear implantation couldn't afford the costly device of cochlear implant by themselves. So this type of surgery are rarely done in our country which is of different scenario to U.K. After lunch we went back to RNTNE hospital and we observed three stapes surgery done by Dr. Lavy. CO2 Laser was used for the crurotomy and stapedotomy as well as for crimping the stapes piston on the long process of incus. I found CO2 Laser to be one of the most convenient tool for stapedotomy rather than other microscissors and skitters/perforators. Out of three patients unfortunately one patient had perilymph gusher and he was managed conservatively and was advised to stay in hospital for observation. Finally we got to know that the patient was alright next day and he didn't require removal of piston and sealing of footplate. In this way we completed our fruitfull observership in RNTNE and UCLH hospital. We are very much thankful

to Dr. Lavy, Dr. Joe, Dr. Khalil, Dr. Mehta for their guidance, prosperity and good hospitality especially by Dr. Lavy.

Advanced Temporal Bone Dissection Course in Dundee University:

On 8th November 2017, Advanced Temporal Bone Dissection Course in Ninewells Hospital of Dundee University was started at 9 am. On that day we were given cadaveric temporal bone preserved in thiel and were allowed to do endaural approach, myringoplasty, cortical mastoidectomy, posterior tympanotomy, cochleostomy, cochlear implant insertion, endoscopic visualisation of middle ear, canal wall down, facial nerve decompression, endolymphatic sac decompression, labyrinthectomy, translabyrinthine approach to IAM. On 9th November, after lunch, we were given 2nd temporal bone, in that bone I did canaloplasty, stapedectomy, atticotomy, atticoantrostomy, retrsigmoid approach to fundus of IAM, approach to jugular bulb, approach to internal carotid artery. The course was over at 1 pm on 10th of november. The course was well managed with good equipments and was very much fruitful for me. Fom this course, I got to enhance my knowledge and skills regarding the anatomical structures and the way of dissection. I am utilising my skills and knowledge in Nepal that I learnt from the advanced temporal bone dissection course. After the course, I am much more confident in doing ear surgeries. I am very much thankful to Dr. Hussain, Mr. Patrick, Mr. stephen for their kind cooperation and effective guidance.

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Thanking You
Yours Sincerely
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