ERS FELLOWSHIP REPORT

3rd Manchester–Midlands Sinus, Rhinoplasty and Nasal Plastics Dissection Course
1–3 June 2026 | Postgraduate Medical Centre, Nottingham City Hospital | 28 CPD credits

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Aims and expectations. I attended the course shortly after completing my ENT residency. During training, I had gained experience in endoscopic sinus surgery, but procedures were always performed under the supervision of an experienced skull base surgeon and with access to image guidance. I was about to start working as a specialist at Hospital Arnau de Vilanova in Valencia, a hospital with a different level of complexity and without a surgical navigation system. My main aim was therefore to consolidate my endoscopic skills and gain confidence through hands-on cadaveric practice. I also wanted to improve my rhinoplasty skills, an area in which I had had less practical experience during residency and which I hope to develop further in my private practice.

Course activities and skills acquired. The programme combined short, focused teaching sessions with extensive supervised dissection. Working in pairs, I performed a broad range of procedures, including the main steps of functional endoscopic sinus surgery, Draf II and III frontal approaches, sphenoid surgery, endoscopic dacryocystorhinostomy, lateral canthotomy and cantholysis, and external ligation of the anterior and posterior ethmoidal arteries. In the rhinoplasty sessions, I practised structural techniques including dorsal work with osteotomes, cartilage grafting and nasal tip modification; I also had the opportunity to use piezoelectric instrumentation. As time allowed, I performed a forehead flap. The course also introduced instruments and techniques that were new to me, including posterior nasal nerve cryotherapy and Eustachian tube balloon dilatation.

Learning outcomes and course experience. The course exceeded my expectations. The cadaver specimens were in excellent condition and allowed detailed anatomical dissection. The frontal sinus approaches and nasal tip techniques were particularly valuable to me. Teaching was of a very high standard: the faculty included specialists in rhinology, facial plastic surgery and skull base surgery, and supervision was close throughout the practical sessions. Mr Raj Bhalla was particularly approachable and willing to explain techniques and answer questions. Although sharing each specimen between two participants meant that some rhinoplasty steps could only be performed once, the course was organised effectively and this limitation did not reduce its overall value. I also appreciated the opportunity to meet colleagues from other countries and establish professional relationships that I hope to maintain at future meetings.

Application to practice and future plans. Since returning to Hospital Arnau de Vilanova, I have already applied this training in my clinical practice. It has helped me approach frontal sinus surgery, including Draf II procedures, with greater confidence. I have also operated on several patients with chronic rhinosinusitis with nasal polyps, performing comprehensive sinus surgery. I expect the anatomical knowledge and practical experience gained during the course to be especially useful when planning surgery in a setting without image guidance, while maintaining careful attention to anatomical landmarks and surgical safety. I also plan to incorporate selected techniques, such as posterior nasal nerve cryotherapy, into the management of carefully selected patients with medically refractory rhinitis, after appropriate evaluation. I have rhinoplasty cases planned in the coming months and feel better prepared to continue developing this part of my practice. The experience further confirmed my commitment to rhinology and facial plastic surgery. Following the course, I applied for and was selected for the 2027 EBCFPRS fellowship in Palma de Mallorca, Spain, under the supervision of Dr Eduardo Morera Serna. I consider this an important next step in my professional development.