

54 ICW cases, 25% of mastoid reconstructions. This was evidently due to the ittegular mesh surface causing more local reaction, but also occurred in case where wall resorption occurred after ICW. In these cases recurrent disease penetrated the mesh.

Technically, sheeting was simpler to use, as mesh snagged on the local soft tissues. At second stage surgery, sheeting was more easily cleared of fibrsosis during inspection for residual disease.

Conclusions: Titanium sheeting was highly successful in EAC defect repair, and handles better than mesh. Due to accompanying complications, mesh is no longer in use.

doi:10.1017/S0022215116005168

ID: IP020

The Use of Internet Videos in Otolaryngology Training in Domestic and International Cohorts

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Learning Objectives:

To establish the prevalence of Internet video usage for self-education.

To determine the most used sites.

To ascertain how trainees and trainers assess the quality of individual videos.

Introduction: Internet based videos are increasingly used throughout medical education. We wished to investigate the use of Internet videos for personal education in otological surgical training both in the UK and internationally.

Method: A short questionnaire was constructed to assess the use of Internet videos for education in otological surgery. It was distributed to participants at two temporal bone courses: a regional ENT registrar course held in the UK and an international course held in France.

Results: 21 delegates completed surveys at each course. All responders in the UK were UK based registrars. The international cohort comprised 14 European and 7 non-European delegates. Use of Internet videos for personal education was very high in both groups - 76% and 90% respectively. 42% of the international cohort used videos for pre-course preparation. Delegates reported using their own judgment to access video quality (94% and 73%) whilst 5% in the international group looked for names with an international reputation. The most used site was YouTube.

Conclusion: Internet videos are an effective and often free source of educational material. Use of this resource is increasing globally across all surgical specialties. The

quality of videos available is variable and other than personal assessment there remains no way to determine the standard of videos accessed.

doi:10.1017/S002221511600517X

ID: IP021

Is endoscopic ear surgery an option to manage middle ear cholesteatoma?

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Learning Objectives:

Introduction: In the last decades, the use of endoscopes in ear surgery for the removal of cholesteatoma has widespread significantly.

Objective: To describe a case series of transcanal endoscopic ear surgeries for cholesteatoma removal performed by our group. We evaluate the indications and outcomes of the endoscopic management of middle ear cholesteatoma. The characteristics, advantages, and disadvantages of this technique are also discussed.

Methods: A retrospective case series study, based on the review of patients submitted to transcanal endoscopic surgery in the period from January of 2011 to January of 2016.

Results: 23 patients with a minimum of 1-year follow-up (range 1 to 5-year follow-up) underwent endoscopic ear surgery for middle ear cholesteatoma in our group. Several kinds of cholesteatoma were included, most of them secondary acquired because of a chronic tympanic perforation. We also include some cases with primary acquired cholesteatoma with an intact ossicular chain. The outcomes were analyzed and the results were discussed.

Conclusion: We believe that transcanal endoscopic approach is a feasible, safe, and effective procedure in selected cases for limited cholesteatoma.

doi:10.1017/S0022215116005181

ID: IP022

The role of D2 weighted Magnetic Resonance Imaging in the management of cholesteatomas for the North of Scotland

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