Conclusions: OCC often presents in a way very similar to COA, with conductive hearing loss and an intact tympanic membrane. However, a history of progressive hearing loss and the presence of a subtle soft tissue density on TBCT are suspicious of OCC, rather than COA, in which the hearing loss is of a congenital nature. In this patient, the cholesteatoma was located in the sinus tympani around the stapedial tendon and was difficult to assess with an operating microscope. In lesions of the sinus tympani and facial recess, endoscope-assisted microsurgery can facilitate cholesteatoma removal and reduce the risk of recurrence.

Learning Objectives: To improve otological surgical knowledge & techniques.

The Live International Otolaryngology Network (LION) aims to promote high quality medical and continuous surgical education programmes, seeking to improve knowledge and skills of practicing otolaryngologists. LION’s purpose is to achieve a worldwide permanent interactive network within ENT, promoting distant learning using videoconferencing technology. Theoretically internet webcasts provide a cost effective, environmentally friendly way for otolaryngologists to access CPD.

Preparations were made on the 12th May 2015 in order to maximise this opportunity in South Wales for ENT surgeons and allied health professionals. We organised a ‘communal’ viewing to promote open discussion between allied professionals in attendance and assess the educational experience by targeted questionnaires to give validity for CPD accreditation by RCSEdinburgh and ENTK. 15 delegates attended (5 ENT consultants, 6 ENT trainees, 1 ENT SAS, 2 audiologists & 1 audiology student). 71% had watched a LION broadcast previously and all felt that the communal broadcast was better than viewing alone, that they would re-attend a communal LION broadcast in the future, and would recommend such to a colleague. Perceived broadcast transmission quality, surgical technique and discussion were generally good across both channels. Communal viewing of the LION broadcast was well received by all delegates. The following improvements were suggested: wider advertisement, simultaneous screening of broadcast channel 1 and 2, and a second screen in each room for background information/case studies. Although the numbers are small, feedback for individual surgeons and procedures will allow quality assurance and improvement for the next broadcast.