

Chronic Ear

Patient Name: _____

Date of Birth: _____ Age: _____

Left _____ Right _____

MRN #: _____ Date of Surgery: _____

Time: _____

Surgeon: AJ + _____ Facility: _____

Diagnosis

- Acquired Atresia / Stenosis
- Cholesteatoma
- Chronic Atticoantral Otitis Media
- Chronic Mastoid Cavity Infections
- Chronic Tubotympanic Otitis Media
- Conductive Hearing Loss
- Mixed Hearing Loss
- Tympanic Membrane Perforation
- Other: _____

Procedure

- CWD Tympanomastoidectomy / No OCR
- CWD Tympanomastoidectomy / OCR
- ICW Tympanomastoidectomy / No OCR
- ICW Tympanomastoidectomy / OCR
- Mastoidectomy
- Middle Ear Exploration
- Obliteration / EAC Closure
- Radical Mastoidectomy
- Staged OCR
- Tympanoplasty
- Tympanoplasty / OCR
- Other: _____

Anesthesia

- General
- Local
- MAC

Speculum Size

4 4.5 5 5.5 6 6.5 7 7.5 8 NA

Approach

- Transcanal / Tympanomeatal Flap
- Transcavity / Tympanomeatal Flap
- Postauricular / Tympanomeatal Flap
- Postauricular / Vascular Strip
- Postauricular / No Canal Incisions
- Other: _____

Surgery

- Primary
- Planned Second Stage
- Revision AJ
- Revision Elsewhere _____

TM Perforation

- None
- Small (< 10%)
- Medium (10-40%)
- Large (> 40%)
- Attic

Tympanosclerosis

- Tympanic Membrane
- Middle Ear / Ossicles

Discharge

- None
- Purulent
- Mucoid

Middle Ear Mucosa

- Normal
- Diseased
- Granulation Tissue

Cholesteatoma

- None
- Middle Ear
- Middle Ear / Attic
- Attic / Mastoid
- Middle Ear / Attic / Mastoid
- Recurrent
- Residual

Chorda Tympani

- Intact
- Stretched
- Sectioned
- Absent

Facial Nerve

- Normal
- Exposed Mastoid
- Exposed Tympanic
- Exposed Iatrogenic _____

Fistula

- None
- Horizontal SCC
- Cochlea
- Oval Window

Lateral Chain

	<u>Malleus</u>	<u>Incus</u>
Normal	___	___
Medialized	___	___
Fixed	___	___
Eroded	___	___
Dislocated	___	___
Absent	___	___
Congenital	___	___
Discarded	___	___
Undetermined	___	___

Stapes

- Normal
- Fixed
- Partially Eroded Superstructure
- Mobile Footplate
- Stapedectomy
- Undetermined

Mastoid

- Normal
- Sclerotic
- Extensive
- Previously Drilled
- Undetermined

Bone Erosion

- Sigmoid
- Tegmen
- Posterior Fossa

Tympanic Membrane Graft

- None
- Medial – Fascia
- Medial – Perichondrium
- Medial – Loose Areolar
- Medial – Alloderm
- Lateral: _____
- Other

Ossiculoplasty

- PORP
- TORP
- I-S Joint Prosthesis
- Incus Interposition
- Malleus Mushroom Cap
- None / Intact
- None / Stage
- + Cartilage

Name: _____

Silastic

- 0.005" ___ 0.02" ___ 0.04"
- Middle Ear
- Scutum
- Middle Ear / Facial Recess

Meatoplasty

- 1/2" Nugauze – Needle Cap
- Sutured
- Other: _____

