



**STAPES/MIDDLE EAR
DATA SHEET**

MEDICAL RECORD# _____

DOB _____

NAME _____

VISIT# _____

- Stapes Middle Ear
 Left Right

Date of Surgery: _____
Surgeon: A. Jacob & _____

Time (military) of Surgery: _____
Location: _____

Procedure

- Exploration Only
 Mobilization
 Perilymph Fistula Closure OW / RW
 Stapedectomy
 Total $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$
 Stapedotomy
 Tympanoplasty – OCR
 Incus Interposition

Anesthesia

- General
 Local
 MAC

Speculum Size

4 4.5 5 5.5 6 6.5 7 7.5 8

Approach

- Transcanal / Tympanomeatal Flap
 Postauricular / Tympanomeatal Flap
 Postauricular / Vascular Strip

Curetting

- None
 Minimal
 Moderate
 Extensive

Chorda Tympani

- Intact
 Stretched
 Sectioned
 Absent

Lateral Chain

	Malleus	Incus
OK	<input type="checkbox"/>	<input type="checkbox"/>
Fixed	<input type="checkbox"/>	<input type="checkbox"/>
Eroded	<input type="checkbox"/>	<input type="checkbox"/>
Dislocated	<input type="checkbox"/>	<input type="checkbox"/>
Absent	<input type="checkbox"/>	<input type="checkbox"/>
Congenital	<input type="checkbox"/>	<input type="checkbox"/>

Footplate Technique

- Removed Intact
 Needle-Hook Post Ant Central
 Drill $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$
 Laser

Oval Window Membrane

- None Fascia
 Perichondrium
 Subcutaneous Tissue

Facial Nerve

- OK
 Dehiscent
 Anomalous Course
Paralysis from Local Anesthetic Yes No

Prosthesis

- SMART™ _____
 Lippy Modified Length _____
 Kurz Clip Piston Length _____
 Other: _____

Surgical Problems

- Narrow OW Niche
 Floating Footplate
 Window Bleeding
 Dry Vestibule
 Bony Fragment in Vestibule
 Middle Ear Adhesions
 Excess Perilymph
 Ooze Gusher
 Perforation
 Vomiting / Vertigo
 Shoulder / Positioning Problems
 Excessive Patient Movement
 Other: _____

Revision

- AJ
 Elsewhere: _____

Prior Surgery

- Mobilization
 Stapedectomy Piston Wire Other: _____
 Other: _____

Cause of Failure

- Malleus Fixation
 Incus Necrosis Fixation Dislocation
 Footplate Refixation
 Prosthesis Short Long Displaced Extruded
 Fistula
 Middle Ear Adhesions
 Other: _____

EAC

- Gelfoam Ointment Both

Hearing

- Subjectively Improved
 Unchanged
 Unable to Assess

Provider Signature: _____ ID#: _____ Date: _____ Military Time: _____