STAPES/MIDDLE EAR DATA SHEET

□ Stapes  □ Middle Ear

□ Left  □ Right

Date of Surgery: _________________ Time (military) of Surgery: _________________

Surgeon: A. Jacob & _______________ Location: ______________________________

Procedure
__ Exploration Only
__ Mobilization
__ Perilymph Fistula Closure OW / RW
__ Stapedectomy
__ Stapedotomy
__ Tympanoplasty – OCR
__ Incus Interposition

Facial Nerve
__ OK
__ Dehiscent
__ Anomalous Course
Paralysis from Local Anesthetic Yes No

Anesthesia
__ General
__ Local
__ MAC

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: __________________________

Approach
__ Transcanal / Tympanomeatal Flap
__ Postauricular / Tympanomeatal Flap
__ Postauricular / Vascular Strip

Revision
__ AJ
__ Elsewhere: __________________________

Anodex
__ 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: __________________________

Speculum Size
4  4.5  5  5.5  6  6.5  7  7.5  8

Prior Surgery
__ Mobilization
__ Stapedectomy Piston Wire Other: ________
__ Other: __________________________

Chorda Tympani
__ Intact
__ Stretched
__ Sectioned
__ Absent

Cause of Failure
__ Malleus Fixation
__ Incus Necrosis Fixation Dislocation
__ Footplate Refixation
__ Prosthesis Short Long Displaced Extruded
__ Fistula
__ Middle Ear Adhesions
__ Other: __________________________

Curetting
__ None
__ Minimal
__ Moderate
__ Extensive

EAC
__ Gelfoam __ Ointment __ Both

Extensive
__ OK
__ Fixed
__ Eroded
__ Dislocated
__ Absent
__ Congenital

Footplate Technique
__ Removed Intact
__ Needle-Hook Post Ant Central
__ Drill ¾ ½ ¼
__ Laser

Hearing
__ Subjectively Improved
__ Unchanged
__ Unable to Assess

Oval Window Membrane
__ None __ Fascia
__ Perichondrium
__ Subcutaneous Tissue

Provider Signature: ____________________________________ ID#: __________ Date: __________ Military Time: __________

MR-3299 (10/12) TAB - OR