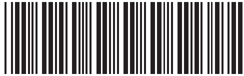
UNIVERSITY OF VIRGINIA HEALTH SYSTEM


0500001

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

CONGENITAL AURAL ATRESIA INTRAOPERATIVE DATA SHEET

SURGEON ______________________ ASSISTANT ______________________

ANESTHESIA ______________________ AUDIOLOGIST ______________________

PROCEDURE ____

- ☐ **External landmarks**
  - ☐ Linea temporalis
    - ☐ Well-defined
    - ☐ Poorly defined
  - ☐ Cribriform area
    - ☐ Well-defined
    - ☐ Poorly defined
  - ☐ Joint
    - ☐ Good landmarks
    - ☐ Poor landmarks
  - ☐ Dimple
    - ☐ Present
    - ☐ Absent
- ☐ **Atretic bone**
  - ☐ Many air cells
  - ☐ Few air cells
  - ☐ No air cells
- ☐ **Middle ear space**
  - ☐ Well-pneumatized
  - ☐ Poorly-pneumatized
- ☐ **Malleus-incus complex**
  - ☐ Well-formed
  - ☐ Poorly-formed
- ☐ **Stapes**
  - ☐ Well-formed
  - ☐ Poorly-formed
- ☐ **Reconstruction**
  - ☐ Native chain
  - ☐ PORP
  - ☐ TORP
- ☐ **Ossicular mobility**
  - ☐ Good
  - ☐ Medium
  - ☐ Poor
- ☐ **Facial Nerve**
  - ☐ Superior
  - ☐ Anterior
  - ☐ Overhanging
  - ☐ Dehiscent
- ☐ **Graft**
  - ☐ Temporalis fascia
  - ☐ Perichondrium
  - ☐ Periosteal tissue
- ☐ **Skin graft**
  - ☐ Thick
  - ☐ Thin
- ☐ **Meatus**
  - ☐ Inferior
  - ☐ Aligned
  - ☐ Ear elevation?
- ☐ **Complications**
  - ☐ PLF
  - ☐ VII n.
  - ☐ Stenosis
  - ☐ CSF
  - ☐ TMJ
  - ☐ Ossicle
  - ☐ SNHL
  - ☐ CHL/failure
  - ☐ TM lateralized
- ☐ **Chorda**
  - ☐ Intact
  - ☐ Cut
  - ☐ Undet.

NOTES:

All sections not marked are N/A **Oper time:** __________

Physician Name: ______________________________ PIC ________