

# EAR OPERATION DATA PROFORMA FOR MULTI-CENTRE AUDIT

## PRE-OPERATION FORM

### PERSONAL DETAILS

Patient Code:	Case Code://////////	DoB:	Sex:
---------------	----------------------	------	------

**DATE LISTED** .....

**SIDE OF OPERATION** ..... left / right

**STAGE** ..... primary / revision

**PRE-OPERATIVE SYMPTOMS** ..... none / deafness / tinnitus / dizziness / ear ache /intermittent discharge/ persistent discharge/  
----- facial palsy

**AIM OF SURGERY** ..... dry ear / hearing gain / removal of pathology / restoration of normal anatomy / waterproofing

**RISK FACTORS** ..... diabetes / cleft palate / down's syndrome / other / none

**SMOKING** ..... smoker / exposed to smoking / none

**CONTRALATERAL EAR** ..... normal / active COM / inactive COM / OME / other



**POSTOPERATION FORM**

**Assessment date** .....

**Assessment interval** ..... months (2-3, 6, 12, 24, 36, 48, 60, >60)

**Complications** .. none / alteration of taste / facial palsy / intractable tinnitus / vertigo / hearing loss / wound infection / other

**Discharge** ..... nil / intermittent / persistent

**Otosopic appearance** .....intact / not intact / normal / myringitis / anterior blunting / atelectasis\*  
 / retraction pocket\*\* / lateralization / meatal stenosis / complete collapse/  
 OME / not assessed

**Cholesteatoma** ..... recurrence / residual / not applicable / none

**Ossicular prosthesis** .... in middle ear / head exposed / extruded / not applicable

**AUDIOGRAM**

	500		1000		2000		3000		4000		8000	
	BC	AC	BC	AC	BC	AC	BC	AC	BC	AC	BC	AC
POST- OPERATION (OP EAR)											//////	

\* Medialization of eardrum without complete collapsing

\*\* Retracted TM with a margin