

# COCHLEAR IMPLANTATION SURGICAL DATA FORM

Name of patient..... Surgery date: ...../...../.....Ear: R / L

Folder no .....DOB ...../...../..... Surgeon .....

Implant: .....Serial No.: ..... Audiologist: .....

**Pre-op: Aetiology:** .....

Prev surgery (op ear): yes/no Date:...../...../..... What?.....

**P. T. Audio:**

Date: / / 20
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Side	125	250	500	750	1000	1500	2000	3000	4000	6000	8000
Op: R/L											
Non-op											

Is hearing preservation a specific aim? Y / N

Preparation: Prevenar: Y / N Preop steroids: Y / N (.....Mg of .....) )

**Incision:** Min-invasive post-sup / other: .....

**Implant bed:** .....cm from EAC Angle from horizontal: .....

**Skin flap thickness:** .....mm / Not measured: why?.....

**Mastoidectomy:** aerated / diploic / sclerotic wide space / adequate / tight / inadequate access

**EAC:** Perpendicular / sloping

**Posterior tympanotomy:** Identified incus: Y / N Identified VII: Y / N Identified chorda: Y / N

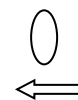
Exposed EAC: Y / N Exposed annulus: Y / N Post.Tympanotomy Diam.: .....mm

**RW: Bony overhang:** ..... % of RW visible before drilling Drilled / Not

**False membrane?:** Y / N

**Position:** Fully visible / posterior: .....% visible **Diameter:** ..... mm

**Angulation:** Perpendicular (90°) / rotated: caudal (inf) .....° / sagittal (ant) ....° / coronal (post) ....°



**Cochlear access:** RW / RW, eggshell, pick lip (ext) / RW & drill lip (int) / Extd RW / Cochleostomy

Modiolus in path? N / Y .....% Bas Memb seen? Y / N Bas Memb trauma? Y / N

Hyalase used? Y / N Steroid used? N / Y: Specify: IVI / Local to RW / Insertion though steroid

Suction near open cochlea? No / Yes: Perilymph loss? N / Y

S.T. Patent / Ossified / Fibrosed / Jelly Drillout? N / Y .....mm

S.V. Patent / Ossified / Fibrosed / Jelly Drillout? N / Y .....mm

**Electrode insertion:** Manufacture: ..... Type: .....Serial #.....

Technique: AOS / through sheath / with stylet / simple insertion

Insertion duration: .....seconds Continuous? / interrupted? (Circle)

Depth: Complete / Partial: # electrodes out: ..... Reason.....

Fixation? N / Y: ..... Depth gauge used?: Y / N

Need to re-load? Y / N Reason:.....

Back-up electrode used? Y / N Reason:.....

**Intra-op monitoring:** VII Monitor used? Y / N

**Intra-op imaging:** C-arm used? Y / N Reason... ..

Stenver done: Y / N Insertion full / N Degrees of insertion: .....° Tip foldover N / Y

**Implant telemetry:** N / Abn: describe .....

<b>NRT/ART:</b>	22:	21:	20:	19:	18:	17:	16:	15:	14:
13:	12:	11:	10:	9:	8:	7:	6:	5:	4:
3:	2:	1:	Comments:						

**Op. length:** Start time:.....h..... Finish time:.....h..... Leaves OT:.....h.....

**Complications?:** Anaesthetic? .....

Surgical: Trauma to: EAC bone Y / N EAC skin Y / N Anulus Y / N Chorda Y / N

Tympanic membrane Y / N CN VII Y / N Basilar Membrane Y / N

Gusher? Y / N Antrum

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