

assessed by using the COSMIN-criteria: a checklist providing a standard for design requirements and preferred statistical analyses.

Results: A large number of questionnaires was found. The following outcome variables will be presented in our overview: the number of items, response scales, subscales, cut-off/end points, reliability and validity. If possible, the questionnaires will be ranked according to usefulness and actual use in literature.

Conclusion: A large number of otologic questionnaires is available in literature. The presented overview will highlight the best available questionnaires in the follow-up of otologic patients.

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Outcome measure in Cholesteatoma Surgery (R846)

ID: 846.2

The COMQ-12 and the COMBI questionnaires for the assessment of cholesteatoma surgery outcome

Presenting Author: **John Phillips**
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Learning Objectives: 1. To appreciate the significance of attaining HRQoL data from patients to assess outcome. 2. To understand the development and application of the COMQ-12. 3. To understand the development and application of the COMBI. 4. To appreciate how the use of the COMQ-12 and COMBI represent an opportunity to compare HRQoL worldwide.

Health related quality of life (HRQoL) measurements reflect the overall burden of disease from the perspective of the patient rather than the clinician. This makes the acquisition of this kind of data particularly pertinent in otology, where single clinical, radiological, and audiological findings may inter-relate poorly, and therefore poorly predict HRQoL. The use of HRQoL measures has been shown to aid both the patient's prioritisation of their symptoms and the management of their individual expectations.

The COMQ-12 and COMBI have been developed to assess the patient-reported health-related quality of life (HRQoL) due to chronic otitis media. Both of these questionnaires have been developed to be completed by the patient before physician assessment. Both questionnaires are composed of 12 items that cover a broad range of experiences pertinent to patients with chronic otitis media. The COMQ-12 and COMBI have been developed from the same core item pool, and are complimentary tools that have been shown to provide an accurate assessment of disease severity.

This presentation will take the opportunity to detail the process of questionnaire development and psychometric analysis. Details regarding the translation of these questionnaires into foreign languages and their relevance for assessing outcome in clinical practice will also be provided.

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Outcome measure in Cholesteatoma Surgery (R846)

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Temporary removal of the posterior bony canal wall in cholesteatoma surgery

Presenting Author: **Vincent Van Rompaey**

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Learning Objectives: To describe an alternative technique to enable cholesteatoma removal. To report on the outcome in patients that underwent this type of surgery.

We describe the surgical technique of temporary removal of the posterior auditory canal wall with reconstruction and report the outcome of using this technique as a treatment method for cholesteatoma in a case series. In 32 cases of cholesteatoma surgery a technique of temporary removal of the posterior bony wall was applied. During primary surgery the posterior auditory canal wall was removed using an oscillating saw. For the purpose of reconstruction, the canal wall was repositioned and fixed using two titanium microplates (n = 26). In case the canal wall could not be reconstructed with osteosynthesis, either glass-ionomeric cement (BioCem) was used for fixation (n = 4) or fibrin glue (Tissucol) (n = 2) to support the posterior wall. The outcome includes the healing process in the first post-operative month, the absence of residual or recurrent disease and the successful reconstruction of the posterior auditory canal wall as evaluated during second-look surgery. When microplates were used, we saw healing problems of the canal skin in about 4 % of patients. Recurrent cholesteatoma was found in 4 cases (14 %), residual cholesteatoma in 8 ears (25 %). In the osteosynthesis group, successful reconstruction was achieved in 25 patients (96 %). In 3 out of 4 patients of the glass-ionomeric cement group (75 %) excessive granulation tissue developed with extensive bony lysis. Temporary removal of the posterior auditory canal wall offers potential for the control of cholesteatoma. Our first results suggest that osteosynthesis allows for a good anatomical and functional reconstruction.

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Bonebridge and Soundbridge – practical approaches (V847)

ID: 847.1

Bonebridge: Surgical Planning, Outcomes, and Innovations

Presenting Author: **Peter Grasso**

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MED-EL

Learning Objectives: The objective of this presentation is to review the key features of the radiological and surgical planning software for the Bonebridge.