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Novel concept of attaching endoscope holder to microscope (Justtach) for two handed endoscopic tympanoplasty

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Learning Objectives:

The well established techniques in tympanoplasty are routinely performed with operating microscopes for many decades now. Endoscopic ear surgeries provide minimally invasive approach to the middle ear and evolving new science in the field of otology. The disadvantage of endoscopic ear surgeries is that it is one-handed surgical technique as the non-dominant left hand of the surgeon is utilized for holding and manipulating the endoscope. This necessitated the need for development of the endoscope holder which would allow both hands of surgeon to be free for surgical manipulation and also allow alternate use of microscope during tympanoplasty. To report the preliminary utility of our designed and developed endoscope holder attachment gripping to microscope for two handed technique of endoscopic tympanoplasty. Prospective Non Randomized Clinical Study. Our endoscope holder attachment for microscope was designed and developed to aid in endoscopic ear surgery and to overcome the disadvantage of single handed endoscopic surgery. It was tested for endoscopic Tympanoplasty. The design of the endoscope holder attachment is described in detail along with its manipulation and manoeuvreing. A total of 78 endoholder assisted type 1 endoscopic cartilage tympanoplasties were operated to evaluate its feasibility for the two handed technique and to evaluate the results of endoscopic type 1 cartilage tympanoplasty. In early follow up period ranging from 6 to 20 months, the graft uptake was seen in 76 ears with one residual perforation and 1 recurrent perforations giving a success rate of 97.435 %. Our endocsope holder attachment for gripping microscope is a good option for two handed technique in endoscopic type 1 cartilage tympanoplasty. The study reports the successful application and use of our endoscope holder attachment for gripping microscope in two handed technique of endoscopic type 1 cartilage tympanoplasty and comparable results with microscopic techniques.

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Endoscopic cartilage tympanoplasty: A two-handed technique using dr khan's endoscope holder "EndoHold"

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Learning Objectives:

Objectives/Hypothesis: Endoscopic ear surgery provides a minimally invasive approach to the middle ear. The disadvantage of endoscopic ear surgery is that it is a single-handed surgical technique. The nondominant hand of the surgeon is utilized for holding and manipulating the endoscope. This necessitated the need for the development of an endoscope holder that would allow both hands to be free for surgical manipulation. The aim of this article is to report our preliminary experience using our newly designed and developed endoscope holder, which allowed us to perform cartilage tympanoplasty utilizing both hands for surgery.

Study Design: Retrospective nonrandomized clinical study.

Methods: The endoscope holder was designed and developed to aid in endoscopic ear surgery and to overcome the disadvantage of single-handed endoscopic surgery. The design of the endoscope holder is described in detail, along with instructions on how it can be used. A total of 179 endoscope holder-assisted cartilage tympanoplasties were performed to evaluate the feasibility of a two-handed technique and to evaluate the results of surgery.

Results: In an early follow-up period ranging from 6 to 20 months, the graft take was seen in 174 ears, with one residual perforation and four recurrent perforations, giving a success rate of 97%. The endoscope holder eliminates the disadvantages of single-handed surgery and is a good option for those who wish to perform endoscopic ear surgery using both hands.

Conclusion: The study reports the successful application and use of the endoscope holder in a two-handed technique of endoscopic tympanoplasty.

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Tympanoplasty in children younger than 10 years

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Learning objectives: to evaluate success rate of tympanoplasty in children younger than 10 years and to analyze indications for tympanoplasty in this age group

Introduction: Too often, and especially in children, tympanic membrane perforations are left open due to concerns regarding a possible non-optimal outcome related to frequent upper respiratory tract infections, persistent otitis media and ongoing middle ear underaeration syndrome. The aim of the study is to evaluate success rate of tympanoplasty in children younger than 10 years and to analyze indications for tympanoplasty in this age group.

Method: The study includes a group of 30 children who underwent tympanoplasty or tympanoplasty with canaloplasty between 2011 and 2013. All were younger than 10 years at the time of surgery.