

**Board of Otolaryngology Head & Neck Surgery, RACS
Tympanoplasty Audit – Individual**



Family Name:		
Preferred Name:		
SET Year:		
RTS Region:		
Hospital:		
Unit Head:		
Supervisor:		
Assessment Period:	From ____/____/____	To ____/____/____

Notes to Trainees and Assessors on Completing Tympanoplasty Audit

- The trainee should safely and effectively perform the Tympanoplasty surgical procedures.
- The assessment involves an assessor observing the trainee perform the Tympanoplasty surgical procedure on patients, within the work place.
- Trainees, where possible, may choose which of their consultants will act as the assessor.
- It is **mandatory** for trainees to complete their Tympanoplasty Audit by June 30 of their SET 4 year in order to present for the Fellowship Examination.
- This Tympanoplasty Audit Form must be signed and filed in the trainees Portfolio for review at Mid-term & End-of-term assessments.

Authorising Signatures

a) Surgical Supervisor
I confirm that the information contained in this form is a **true record** of surgical performance conducted by the trainee.

Print Name	Signature	Date

b) Trainee
I confirm that this is a **true record** of my surgical performance (Please circle appropriate statement). **Yes** **No**

Print Name	Signature	Date

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Name:	
Revision procedures:	
Male / female:	Age:

Aetiology/s of perforation:	Ventilation tubes:
	Recurrent AOM:
	CSOM:
	Other/unknown:
Indication/s for repair:	Chronic discharge:
	Decreased hearing:
	Dry perforation:
	Other/unknown:
Contralateral ear:	Normal:
	Perforation:
	Retracted / scarred:
	Unknown:
Approach:	Endaural:
	Postauricular:
	Transcanal:
Graft material:	Temporalis fascia:
	Tragal perichondrium:
2/12 graft survival:	Intact:
	Pinhole perforation:
	Perforation:
	Unknown:
Hearing:	Improved (< 40dB):
(post-op AC vs preop AC)	Improved (<30dB):
	Improved (< 20dB):
	Improved (<10dB):
	Improved (< 5dB):
	Unchanged:
	Worsened (< 5dB):
	Worsened (<10dB):