

**IOOG Data capturing tool on middle ear surgery**

**User Guide**

This is a standalone tool to capture middle ear surgery data in accordance to the IOOG proposal on common otology data. The Excel format allows users from different institutions to pool data together. Identifiable patient data must be removed before data sharing.

The following explanations provide some consistency and clarity to the terminologies used in the tool:

* Patient sheet – ‘DOB’ field is optional if the institution objects to such information being systematically recorded in the database.
* Preop Sheet - ‘exposure to smoking’ is equivalent to passive smoking
* Operation sheet – ‘SurgGrad’. SpR1/PGY1 applies to UK and American training systems. Supervision is default to ‘NA’ if consultant operates.
* Operation sheet – ‘erosion of ossicles’ indicates ‘complete erosion’. Partial erosion of the ossicle should still be recorded as ‘intact chain’ if it is functionally intact. If head of stapes is eroded but arch intact, it should be recorded as ‘intact stapes’. Anterior crus eroded and post crus intact is recorded as ‘eroded suprastructure’.
* Operation sheet – the term ‘Ossicular prosthesis’ is used loosely here as it includes autograft too.
* Operation sheet - there are 2 data columns to describe mastoidectomy – they distinguish IOOG mastoidectomy from historical terms used in the UK COA. This allows historical ear data to be incorporated into the dataset.
* Follow up sheet – ‘OA’ = Otoscopic Appearance
* Follow up sheet - Retraction of eardrum is split into 3 separate columns (retraction, no retraction, complete collapse). Users should choose one of them. This is different to the historical data in the UK COA system, hence a separate column titled ‘Historical category’ is created for uploading of historical COA data (Anterior blunting / Atelectasis / Retraction pocket /Non-aerated ME
* Follow up sheet – ‘meatal stenosis’ is defined as ‘narrowing of the external auditory meatus due to scarring that affects the function of the ear’. This includes anterior blunting, and problem of inspection of deep canal.