Myringoplasty Survey

Record ID __________________________________

Demographics:

1. How many years have you been in clinical practice?
   - ◯ < 5 Years
   - ◯ 5-10 Years
   - ◯ 11-15 Years
   - ◯ 16-20 Years
   - ◯ >20 Years

2. What is your training specialty and/or sub-specialty?
   - ◯ Otolaryngology - General, No fellowship training
   - ◯ Otolaryngology - Pediatric
   - ◯ Otolaryngology - Otology & Neurotology

3. What is the geographical location of your clinical practice?
   - ◯ Northeast
   - ◯ South
   - ◯ Midwest
   - ◯ West

4. What is the hospital setting of your clinical practice?
   - ◯ Academic
   - ◯ Private
   - ◯ Combined academic/private

5. How many cases of tympanic membrane perforation repair have you managed in the past year?
   - ◯ < 25
   - ◯ 26-50
   - ◯ >50

6. What percentage of your patients undergoing tympanic membrane repair are pediatric?
   - ◯ Less than 25%
   - ◯ 25-50%
   - ◯ 50-75%
   - ◯ More than 75%

Preoperative Workup for Tympanic Membrane Perforation:

7. For which of the following tympanic membrane perforation etiologies would you consider obtaining a preoperative CT scan (select all that apply)?
   - ☐ Always
   - ☐ Traumatic
   - ☐ Iatrogenic
   - ☐ Infectious
   - ☐ Idiopathic
   - ☐ Cholesteatoma
   - ☐ Never

8. Which of the following are contraindications to repairing a TM perforation (select all that apply)?
   - ◯ Active Otorrhea
   - ◯ Active Vestibulopathy
   - ◯ Only Hearing Ear
   - ◯ None

9. What would you typically perform during the initial evaluation of acute, traumatic tympanic membrane perforations?
   - ◯ No procedural management
   - ◯ Paper patch placement in office to facilitate closure
   - ◯ Topical otic therapy only (antibiotic drops with or without corticosteroid)
   - ◯ Myringoplasty in the operating room

10. In otherwise healthy pediatric patients with dry perforation and a history of eustachian tube dysfunction, when is the optimal time to repair a chronic perforation resulting in a conductive hearing loss?

- ◯ Wait until at least 6 years of age due to an increased risk of persistent eustachian tube dysfunction
- ◯ As soon as possible to aid in optimal hearing during formative years

Surgical Management (Simple Myringoplasty):

Please note the term "Myringoplasty" refers to simple repair of TM without formal tympanoplasty with tympanomeatal flap.

11. How often do you use local anesthesia as opposed to general anesthesia for simple myringoplasty (no tympanomeatal flap)?

- ◯ Always (100%)
- ◯ Often (~75%)
- ◯ Sometimes (~50%)
- ◯ Infrequently (~25%)
- ◯ Never (0%)

12. What graft material do you use most often for simple myringoplasty (no tympanomeatal flap)? (Check all that apply)

- ☐ Absorbable Gelatin
- ☐ Alloderm
- ☐ Fascial Graft
- ☐ Fat Graft
- ☐ Paper Patch
- ☐ Perichondrium Graft
- ☐ Vein Graft
- ☐ Other

14. What is the maximum size of perforation for which you would consider attempting simple fat patch myringoplasty as initial management prior to more extensive procedures. (Perforation size relative to pars tensa prior to freshening of edges)

- ◯ 10% or less
- ◯ 15%
- ◯ 25%
- ◯ 35%
- ◯ 50%
- ◯ 65%
- ◯ 75% or more

15. Which location of tympanic membrane perforation increases the likelihood that you would perform formal tympanoplasty with tympanomeatal flap in lieu of simple myringoplasty? (select all that apply)

- ☐ Location Does Not Affect Management
- ☐ Anterosuperior
- ☐ Anteroinferior
- ☐ Central
- ☐ Marginal
- ☐ Posterosuperior
- ☐ Posteroinferior

16. Do you have patients routinely hold anticoagulants and antiplatelet agents prior to tympanoplasty with tympanomeatal flap?

- ◯ Yes
- ◯ No

17. Do you routinely use perioperative antibiotic prophylaxis in patients undergoing tympanoplasty with tympanomeatal flap?

- ◯ Yes
- ◯ No

18. When performing tympanoplasty with the use of a tympanomeatal flap for tympanic membrane perforation, which approach do you most commonly use:

- ◯ Transcanal
- ◯ Endaural

19. When performing tympanoplasty with the use of a tympanomeatal flap for tympanic membrane perforation, what graft material would you most commonly use: (select all that apply)	☐ Tragal cartilage ☐ Tragal pericondrium ☐ Conchal cartilage ☐ Conchal pericondrium ☐ Temporalis muscle fascia ☐ Commercial Biodesigned graft
20. When performing tympanoplasty with the use of a tympanomeatal flap for tympanic membrane perforation, what graft position do you most commonly use:	◯ Underlay ◯ Overlay ◯ Underlay/overlay
21. When performing tympanoplasty with the use of a tympanomeatal flap for tympanic membrane perforation, how often do you use endoscopic assistance?	◯ Always (100%) ◯ Often (~75%) ◯ Sometimes (~50%) ◯ Infrequently (~25%) ◯ Never (0%)
22. What is your preferred modality of external auditory canal packing?	◯ Absorbable Gelatin/Gelfoam ◯ Antibiotic Ointment ◯ Impregnated Gauze Packing ◯ Otic Drops ◯ Other ◯ None
23. When tympanoplasty is performed under general anesthesia, how often do you plan for deep extubation with your anesthesiologist?	◯ Always (100%) ◯ Often (~75%) ◯ Sometimes (~50%) ◯ Infrequently (~25%) ◯ Never (0%)

Postoperative Follow-up:

24. When do you perform your first postoperative ear examination in the office with debridement (if deemed clinically necessary)?	◯ 1 Week ◯ 2 Weeks ◯ 3 Weeks ◯ 4 Weeks ◯ Other
25. What is the postoperative time frame that you typically assess hearing outcomes with formal audiology evaluation?	◯ 1 Week ◯ 1 Month ◯ 3 Months ◯ 6 Months ◯ 1 Year