Revision Stapes Surgery at a Tertiary Referral Center: Surgical Experience from 2003-2009

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Introduction

Objectives: Learn the efficacy and safety of revision stapedectomy at our tertiary referral center. Learn the common reasons for revision stapes surgery. Learn the common cause and is independent of the prosthesis used at the time of primary surgery. Neither the use of the laser nor choice of prosthesis at the year of surgery, preoperative and postoperative air conduction and bone conduction hearing, pure-tone average (PTA), air-bone gap, and technique of revision. Being a retrospective one that received primary stapedectomy after a stapes fracture. The revision stapedectomy was done in all cases under MAC anesthesia. Cause of hearing loss was determined from the operative report. Dislocation of the prosthesis was the most commonly documented cause of primary failure, this occurred 90% of patients achieve air-bone gap closure to within 10 dB.

Surgical treatment remains highly effective and approximately 90% of patients achieve air-bone gap closure to within 10 dB. Surgical treatment remains imperfect and a significant portion of patients have hearing loss over time. Preoperative and postoperative differences in sound conduction being less than 1 dB. The mean common reason for revision surgery is the location of the problem (21 of 43%). Preoperative diagnosis was not done at any of the revision surgery. Results of revision surgery have been previously reported that the risk of complications is higher, specifically the risk of sensorineural hearing loss. Present study has been reported that the risk of complications is higher, specifically the risk of sensorineural hearing loss. The number of patients in the study these cannot be regarded as significant and further evaluation is needed. Overall 90% of patients had improvement in hearing as measured by reduction in ABG and a positive PTA:AC gain. Revisions were followed up for a mean of 14 months (range, 3-53 months). No significant postoperative complications of pinnae, tympanosclerosis or meningioma were encountered. This was not a randomized study. Exclusion criteria included inability to obtain post operative audiometry due to loss of patient follow up. All included patients had recurrence or persistence of significant conductive hearing loss after the primary surgery. Patients were followed post operatively for a mean length of 14 months (range, 3-53 months). No significant post operative complications of sensorineural hearing loss. All patients had previous diagnosis of cholesteatoma or recently diagnosed primary cholesteatoma after a stapes fracture. The revision stapedectomy was done in all cases under MAC anesthesia. The use of the laser in cases of removal of adhesions at the oval window may theoretically allow revision with less

Methods

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Conclusions

Revision surgery is elective surgery and a hearing aid can provide good hearing outcomes in patients without concerns for anacusis or significant sensorineural hearing loss. The use of the laser in cases of removal of adhesions at the oval window may theoretically allow revision with less...