

cavity had a recurrent infection in the mastoid cavity, the miatus opened and discharge persisted. All other operated patients ears stopped discharging therefore the success rate in this series is 95%. There were no major complications after surgeries. All patients who had a bone anchored hearing device or a cochlear implant presented benefit from their devices.

Conclusion: Patients with weeping cavities are debilitated due to water precautions, vestibular effect, the reduced hearing and the discharge that can be extremely disturbing. A debilitating weeping cavity which does not respond to medical treatment is a surgical disease. In such patients STP with hearing rehabilitation should be suggested.

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Free Papers (F762)

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Outcomes following trans-mastoid occlusion surgery for superior semicircular canal dehiscence

Presenting Author: **Suzanne Jervis**

Suzanne Jervis¹, Maarten de Wolf², Jeyanthi Kulasegarah¹, Karen Lindley¹, Richard Irving¹

¹University Hospitals Birmingham NHS Trust,

²Amsterdam

Learning Objectives:

Introduction: Semicircular canal dehiscence syndrome (SCDS) is caused by a bony defect of the superior semicircular canal, resulting in autophony, bone conduction of bodily sounds and pseudo conductive hearing loss. Vestibular manifestations include sound or pressure evoked vertigo. Occluding the dehiscence canal was originally described via the middle cranial fossa approach however, an alternative transmastoid approach has been used to avoid the morbidity associated with the former. The aim of this project was to determine clinical and audiological outcomes for those undergoing the transmastoid approach.

Methods: All patients suggestive of SCDS underwent CT scanning, cVEMP testing. All those with positive findings for both (dehiscent superior canal and cVEMP thresholds >35%) underwent surgery. Audiometric data were obtained and patients were sent questionnaires retrospectively regarding their symptoms.

Results: Twenty patients, with 22 affected ears underwent surgical occlusion. The commonest reported symptoms pre-operatively were hearing internal sounds, tinnitus, and fullness sensation (95%, 95%, and 82% respectively.) The symptoms most likely to show partial or complete improvement post operatively were hearing internal sounds, vertigo to loud sounds and imbalance (91%, 88% and 87% respectively.) Symptom deterioration occurred in two ears with respect to fullness. 9 patients developed new symptoms post operatively (of 'mild nature'), the most common being imbalance (3) and fullness (2). Overall, 15 ears (68%) showed partial or complete symptom improvement, 6 showed no change and 1 was worse. The mean Dizziness Handicap Inventory Scores improved from 43 pre-op to 24 post op ($p = 0.001$). The mean air conduction (Fletcher's index) improved from 13.2 dB to 11.1 dB.

Conclusion: The transmastoid approach to the superior canal appears to be well tolerated and is associated with low risk to hearing. Symptom improvement is seen in two thirds, but temporary imbalance post op is common.

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The Hong Kong Vascularized Temporalis Fascia Flap and its role in Cholesteatoma Surgery revisited

Presenting Author: **Andrew van Hasselt**

Andrew van Hasselt¹, Michael Tong², Kwok Chung Liu²

¹The Chinese University of Hong Kong,

²Chinese University of Hong Kong

Learning Objectives: When reconstructing large mastoid cavities, the surgeon's repertoire should include a technique that uses a vascularized lining to optimize patient outcomes.

Introduction: Complications following open cholesteatoma surgery arise when mastoid cavities fail to epithelialize. The Hong Kong flap is a fertile substrate of vascularized temporalis fascia lining that facilitates rapid epithelial lining. We have studied the long term outcome of this technique and reviewed its role in cholesteatoma surgery.

Methods: We analyzed data obtained from records of patients who have had cholesteatoma surgery in the Prince of Wales group of hospitals through the period from 1987 to 2015. The outcome measures included relevant clinical parameters such as time to achieve a dry ear, requirement for a second look procedure and the primary surgeon's level of experience.

Results: The Hong Kong flap reconstruction was not utilized in all of cholesteatoma operations over this period. In patients reconstructed with the Hong Kong flap, the median time to dry ear was 2 months. 20% needed a second look or more and 8% were found to have recurrent or residual cholesteatoma. Surgeons with varying levels of surgical experience successfully performed the procedure.

Conclusions: The Hong Kong vascularized temporalis fascia flap is a technique within the capability of average otologists. The post-operative course is categorized by rapid healing and long term healthy, trouble free cavities. The requirement for second look procedures is significantly reduced.

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Otology Questionnaire Amsterdam (OQUA); preliminary results on the development of a general otologic questionnaire