

## How to Write an Otosurgery Report?

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### Letter to Editor

Dear Editor,

According to our knowledge, in literature it is not reported a common method to describe surgical steps in the proper manner. Therefore, each surgeon writes the surgical act without following a common thread. In this way sometimes it is difficult for another surgeon to fully understand all surgical steps. In our experience we had the possibility to read many surgical acts: some of them were too long and with unnecessary information, others on the contrary did not present fundamental passages. Actually, our equipo works in different hospitals, even if in the same town, so we have the necessity to describe the surgical act in a same way. Write surgery appropriately allows to the surgeon himself to remember what he found and performed even after many years and allows to other surgeons and colleagues to understand the surgical act quickly and easily. When a revision surgery is performed, knowing exactly what was done in the previous intervention is necessary but unfortunately not always possible.

For these reasons, we have used a schematic method consisting of:

- a) The title of the surgical act, specifying the side (for example: right myringoplasty).
- b) The type of approach (retroarticular, trans canal, end aural).
- c) Surgical findings (for example: anterior perforation of the tympanic membrane). It is important to specify the status of the ossicular chain.

d) What we performed and the material used for reconstruction (for example: right myringoplasty using autologous fascia of the temporal muscle).

e) Conclusion of the surgical act with suture (specify what type) and bandage (specify if a compression bandage was performed).

f) Add any events to report as the use of facial nerve monitoring.

It is not important to write a long surgical act because it would be difficult to read it for another surgeon. The surgical steps must be clearly written using a precise pattern. Complete knowledge of ear anatomy, ear pathologies and the different type of surgical approaches is a fundamental requirement. Our need to have a common surgical report model has to be closely associated to the Joint Commission accreditation which is a widely recognized standard for evaluating and demonstrating high quality services. There are many accreditation schemes recognised as providers of national healthcare accreditation services. Hospital accreditation has been defined as a self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve. The scheme we proposed could be used for all Otosurgery.<sup>8</sup>



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