Material and Methods: All simple myringoplasty of the last 3 years have been revaluated. Exclusion criteria were the presence of a cholesteatoma and chronic otitis. An otoscopic picture of both ears was taken for each patient. The site of perforation was classified into anterior, posterior and subtotal. A PTA, according to the guidelines of the AAO-HNS has been performed before and 2 months after surgery.

Results: A total of 123 patients undergoing simple myringoplasty was identified. In 33 patients we used C, in 33 F and in 26 P. The overall failure rate was 10%, divided in: 12.1 % for C (plus a further 12.1 % of microperforation all repaired), 2.7 % for F, 18.2 % for P. The status of the contralateral ear showed it was pathological in 48.5 % of cases of C, 16.6 % F and 18.2 % of P. The site of the perforation was anterior in 48.5 % of C, 41.6 % of F and 40.1 % of P; posterior in 12.1 % of C, 13.8 % of F and 45.4 % of P; subtotal in 39.4 % of C, 44.4 F and 13.6 % of P. The ABG was 26.9 dB for the preoperative C, 20.7 dB for F and 18.6 dB for and P; The postoperative ABG was 17.3 dB for C, 13.1 dB for F and 11.5 dB for P. The auditive gain (difference of ABG pre and postop) was 9.5 dB for C, 7.5 dB for F and 7 dB for P.

Conclusions: The results show an overall success rate in line with the literature. It emerges that F has the best success rate but C is used mostly in cases where the contralateral ear is pathological. The auditory gain is comparable, even if C is chosen in the cases with a worse initial ABG.

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ID: IP123

An evaluation of the NHS Clinical Commissioning Policy on Bone Anchored Hearing Aids

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Learning Objectives:

Introduction: The NHS Commissioning Policy on Bone Anchored Hearing Aids (BAHA) identifies the criteria for the commissioning of BAHA services and therefore has a major impact on patient access to care. This paper aims to evaluate the evidence base informing the NHS Commissioning Policy on BAHAs. We also aim to produce recommendations on BAHA policy development.

Methods: This study was conducted in two parts.

1) Critical assessment of the evidence based informing the NHS Commissioning Policy on BAHAs. Quality of included articles and the overall strength of the policy were assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) System.
2) Systematic review of the literature on BAHAs published since the release of NHS Commissioning Policy. Papers were included if they could be used to inform the Commissioning Policy on BAHAs.

Results: All studies referenced by the policy were graded as 'low quality' or 'very low quality' evidence. The strength of the overall policy was graded as weak. The literature cited by the Commissioning Policy contained several areas of disagreement with the Commissioning Policy itself.

Nineteen articles were included following systematic review. These studies identified six areas for development of the NHS Commissioning Policy for BAHAs: 1) BAHA implantation in children with unilateral hearing loss; 2) BAHA as an alternative to other surgical treatments; 3) The minimum number of BAHAs implanted by a centre each year; 4) Unilateral BAHA implantation in patients with less than profound sensorineural hearing loss; 5) Bilateral BAHA implantation in adults; 6) BAHA implantation in patients with osteogenesis imperfecta.

Conclusion: It is important that these areas are reviewed by the commissioning board to help ensure equitable access to BAHA services and that resources are allocated effectively. It is also clear that high quality research is urgently needed in this field to help inform national policy.

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Couplers for Vibrant Soundbridge® implant vs no-Coupler-Vibrant Soundbridge® implant

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NA

Introduction: The middle ear active implant Vibrant Soundbridge® (VSB) is a device designed for the treatment of the sensorineural, mixed and conductive hearing losses. Depending on the type of the hearing loss and the anatomical condition of the different middle ear structures, the placement of its FMT can be carried out in different ossicular chain points or directly on the round or oval window, aimed to obtain a direct stimulation of the inner ear. Recently, new Couplers have been designed to obtain a better coupling of the FMT with these structures.

Objectives: To compare surgical feasibility and auditory performance with VSB traditional system versus the new "Couplers" for the VSB implant

Methods and materials: Thirty eight patients treated with VSB systems are included at the moment. Eleven patients implanted with VSB Coupler versus 27 patients with no-Coupler VSB. Three out of eleven VSB Coupler implants were indicated for sensorineural hearing loss (SNHL) patients and eight of them for conductive and mixed hearing loss patients. Regarding no-Coupler VSB, seven patients were diagnosed of SNHL whereas twenty of conductive and mixed hearing loss patient.