

no primary reconstruction, and to compare the outcomes of Type III cartilage tympanoplasty with published results of other reconstruction methods.

Methods: The records of 160 patients from a single surgeon's 12-year cohort were retrospectively analysed. Postoperative changes in air conduction thresholds (0.5, 1, 2 and 4kHz and average gains) and air-bone gap were calculated for each operated ear 2 years after surgery according to AAO-HHS guidelines. Revision surgery and other complications were documented.

Results: Audiometric and other outcomes are presented in detail

Conclusions:

1. The vast majority of patients in whom primary reconstruction was not performed did not require further surgery, as the development of a natural Type III tympanoplasty preserved or improved hearing thresholds following primary disease elimination.
2. Type III cartilage tympanoplasty is an effective technique for hearing improvement in patients with an intact, mobile stapes. Results are similar to those obtained with partial ossicular replacement prosthesis and autologous bone ossiculoplasty, and have the added benefits of lower cost and a lower complication rate.
3. Our recommendations for management of isolated stapes are based on these results.

doi:10.1017/S0022215116007003

ID: IP204

Otological aspects of undergraduate otolaryngology education in the United Kingdom

Presenting Author: **Richard Steven**

Richard Steven¹, Gary Mires¹, Simon Lloyd², Stephen Jones³, Patrick Spielmann³, Sean McAleer⁴

¹University of Dundee, ²Department of ENT, Manchester Royal Infirmary, ³Department of Otolaryngology, Ninewells Hospital, Dundee, ⁴Centre for Medical Education, University of Dundee

Learning Objectives:

Introduction: Studies show that not all UK medical schools have a formal otolaryngology attachment, that the time dedicated to teaching in those which do is comparatively small and that qualified doctors feel that their training was inadequate.

Avoiding curriculum overload is a challenge in the ever expanding field of medicine. It would therefore be advantageous to identify and include key aspects of a subject within a curriculum. Here we report the otological findings from a national curriculum development project.

Methods: A longitudinal transformation approach to mixed methods research was utilised. The undergraduate curricula from UK medical schools were evaluated. Results from this comparison were used to devise a questionnaire. This was

distributed nationally via email to establish what doctors felt a newly qualified doctor should know about otolaryngology.

Results: A curriculum comparison of 19 medical schools revealed a high degree of variability between undergraduate otolaryngology curricula.

308 survey responses were received. Doctors felt that graduates should be able to perform otoscopy (93%) and tuning fork tests (78%). Respondents indicated that graduates should understand indications for common audiological investigations but not to interpret the results.

Respondents felt graduates should be able to assess a patient with chronic otitis media. Results indicate graduates should know more about conditions which present acutely.

Doctors felt that graduates should understand indications for otological procedures but few felt that they should have observed these. Respondents also felt that it was important for graduates to learn about the implications of hearing loss and communication with hearing impaired individuals.

Conclusions: This method of curriculum development allows the end users, the doctor, to influence the content of the curriculum. The study shows the variability in otolaryngology teaching in the UK and highlights key areas for student learning.

doi:10.1017/S0022215116007015

ID: IP205

The effects of saccular endolymphatic hydrops on hearing

Presenting Author: **Satofumi Sugimoto**

Satofumi Sugimoto, Tadao Yoshida, Hironao Otake, Masaaki Teranishi, Michihiko Sone

Department of Otolaryngology, Nagoya University Graduate School of Medicine

Learning Objectives:

Introduction: Patients with significant endolymphatic hydrops (EH) sometimes show a connection between the footplate and the dilated saccule. It was supposed that this connection might cause the low-frequency air-bone gap in Menière's disease. The purpose of this study was to investigate the effects of significant EH showing a footplate-saccule connection on hearing, particularly for low-frequency air-bone gaps.

Methods: Evaluations were conducted using 1996 ears, evaluated by 3-T MRI performed 4 h after intravenous injection of Gd. The degree of EH in the vestibule and cochlea was classified into three grades: none; mild; or significant. Findings of the connection were checked. Ninety-one ears showed the connection. After elimination of ears with middle or inner ear abnormalities and severe hearing loss, 60 ears with the connection were evaluated. We selected those patients who had one ear with the connection and the other with significant EH of the vestibule and/or cochlea