differ between groups ($p < 0.05$), except for the subscale "Hearing function". Partial association was found between questionnaire scores and objective parameters, such as age, PTA and sex.

Conclusions: A unanimous consensus on indications and limits of CWD versus CWU technique has not yet been established. We demonstrated in our study the absence of a significant difference in terms of QOL in CWU vs. CWD.

doi:10.1017/S0022215116003492

Free Papers (F763)

ID: 763.6

The new technique of Reconstruction of Posterior Canal Wall by using Skin-Musculoperiosteal Flap on Canal Wall Down Timpanomastoidectomy

Presenting Author: **Soekirman Soekin**

Soekirman Soekin

ENT Hns Proklamasi Institute

Learning Objectives:

Introduction: most of large cholesteatomas have been done by Canal Wal Down (CWD) Tympano mastoidectomy. The problem is wet ear, a large ear canal or mastoid cavity, hearing gain, recurrency or recidief problems.

Objective: to introduce a new technique of Posterior Canal Wall(PCW) have been reconstructed by using skin musculo periosteal flap on CWD Tympano-mastoidectomy. Normal ear canal size, dry , less recurrency or recidief and hearing gain be achieved.

Methode: during 2010–2014(5 years) among 752 ear surgery has been done reconcontruction PCW on 67 ears during CWD Tympano-mastoidectomy as simultaneously surgery . The age of patient among 5- 73 years old, most among 20–40 years old . Soft connective tissue that is skin musculo periosteum have been use as material of PCW.

The middle ear such as ossiiculoplasty be done by cartilage autograft or polymers teflon prostheses. This technique be classified as closed technique on management of cholesteatomas Chronic Otitis Media.

Result: most cases dry ear 3–4 weeks after surgery, ear canal on normal size , depands of the foot plate stapes movement and the audiogram pre- operative, hearing gain was 0–30 dB.

Complication: infection be founded 2 cases and can be cure by oral antibiotic untill 4 month after surgery. Recurrent 2 cases be revisioned by endoscopic middle ear surgery.

Conclusion: Recontruction PCW by using skin musculo periosteum is better as an new technique surgery for to get normal ear on CWD tympano mastoidectomy.

doi:10.1017/S0022215116003509

Bone conduction hearing devices in CSOM (R764)

ID: 764.1

The place of Bonebridge in the management of hearing loss in CSOM

Presenting Author: **Stephen Jones**

Stephen Jones

Ninewells Hospital & Medical School

Learning Objectives: The Bonebridge is viable and popular alternative to conventional hearing aids and other implantable devices in suitable patients.

Introduction: The Bonebridge is a semi-implantable transcutaneous bone conducting device that was introduced in 2012. The device consists of an internal Bone Conducting Implant device, consisting of a magnet, receiver coil, demodulator and Bone Conducting – Floating Mass Transducer (BC-FMT), and the external Samba sound processor. It is suitable for conductive and mixed hearing losses or for single-sided deafness (SSD). The manufacturers recommend BC thresholds no greater than 45 dB in conductive or mixed hearing loss.

Methods: Since the first surgery was carried out in Tayside in 2012 we have now carried out 16 implantations on 15 patients for a range of indications including ear canal atresia and stenosis, SSD and following CSOM surgery. The procedure requires pre-operative planning on CT due to the size of the BC-FMT, as the dura, ear canal and sigmoid sinus must be avoided or managed. Due to the amount of drilling required and the length of the procedure all cases in Tayside have been carried out under general anaesthesia.

We are able to offer suitable patients the choice between Bone Anchored Hearing Aids (BAHAs) from both manufacturers, BAHA Attract and Bonebridge. The majority choose Bonebridge. Due to the limited gain we recommend BAHA Attract rarely.

Results and Conclusions: The patients who have chosen Bonebridge generally do so because of cosmetic reasons and because of the avoidance of feedback. Hearing outcomes for BAHA and Bonebridge appear similar. Local patient satisfaction surveys have demonstrated a high level of satisfaction with Bonebridge.

doi:10.1017/S0022215116003510

Bone conduction hearing devices in CSOM (R764)

ID: 764.2

Technique and long-term results of the semi-implantable transcutaneous bone conduction hearing device Sophono

Presenting Author: **Ralf Siegert**