

Brewer, Katerina (MRN2533154)

Nationwide Children's Hospital



## Brewer, Katerina

MRN: 2533154

Schuller, Nicole, AuD CCC-A

Progress Notes

Encounter Date: 6/30/2016

Audiologist

Signed

Audiology

### **Audiological Evaluation Summary**

**History/Reason for testing:** ENT. Parental concerns for hearing

**Results:** Please refer to the accompanying **audiogram** for specific results of the audiologic evaluation.

**Tympanometry: Tympanograms evaluate tympanic membrane mobility.**

Frequency: 226 Hz

Right Ear: Normal middle ear mobility

Left Ear: Normal middle ear mobility

**Acoustic Reflex Testing: Acoustic reflex testing evaluates retrocochlear function.**

Right Ear: Did not test - testing not indicated based on other results

Left Ear: Did not test - testing not indicated based on other results

**Otoacoustic emissions (OAE): OAEs assess cochlear/outer hair cell function.**

Right Ear: Emissions were present at all test frequencies 2000-8000 Hz. This is consistent with normal outer hair cell function in the cochlea but does not rule out the possibility of a mild hearing loss.

Left Ear: Emissions were present at all test frequencies 2000-8000 Hz. This is consistent with normal outer hair cell function in the cochlea but does not rule out the possibility of a mild hearing loss.

**Audiogram Interpretation:**

*Today's results are consistent with:*

**Normal hearing 500-4000 Hz in at least one ear SAT 15dB HL**

Comments: Hearing is adequate to support normal speech and language development.

Could not condition to task with insert phones/headphones.

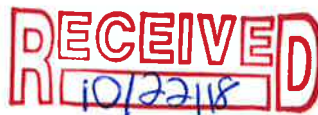
Reliability: Good

Type of testing: Visual Reinforcement Audiometry.

Transducer Type: Soundfield.

Handout(s) given: None

**Recommendations:**



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- \* Schedule audiologic re-evaluation if change/decrease in hearing sensitivity is suspected. Call (614) 722-6200 to schedule any future appointments.
- \* Re-evaluate hearing as needed in conjunction with ENT follow-up.
- \* Re-evaluate hearing sensitivity at ~3 years of age for ear specific testing.

Results were discussed with: Parent/Guardian who was in agreement with results and recommendation.

Nicole Devon, AuD CCC-A  
Pediatric Audiologist

***\* Feel free to contact me at (614) 722-3951 if you have any questions about these results or recommendations.***

CC:ENT Clinic

Office Visit  
on  
6/30/2016

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**Brewer, Katerina**

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**Jatana, Kris R., MD**

Operative Report

Date of Service: 08/02/16 0829

Physician

Signed

Otolaryngology (ENT)

Procedure: **ADENOID  
REMOVAL**Case Time: **08/02/16  
0819**Surgeon: **Jatana, Kris R., MD****OPERATIVE REPORT****PATIENT NAME:** Katerina Brewer**MRN#:** 2533154**DOB:** 9/7/2014**DATE OF SURGERY:** 8/2/2016**TIME OF COMPLETION:** 8:29 AM**SERVICE:** ENT**SURGEON:** KRIS R. JATANA, M.D.**ASSISTANTS:** TOM ZHOU, M.D.**PREOPERATIVE DIAGNOSIS:**

Recurrent acute otitis media

Adenoid hypertrophy

Eustachian tube dysfunction

Snoring

**POSTOPERATIVE DIAGNOSIS:** same**PROCEDURE:**

1) Bilateral Tympanostomy Tube Insertion

2) Adenoidectomy

Anesthesia: General.

Findings:

1) Adenoid 50%

2) Right ear dry

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3) Left ear dry  
Estimated blood loss: minimal  
Complications: none  
Specimen: none  
Wound class: clean contaminated

**INDICATIONS FOR PROCEDURE:**

The patient was evaluated pre-operatively. All risks, benefits, and alternatives of the surgical intervention was discussed and the family wished to proceed. These risks include, but not limited to bleeding, infection, pain, otorrhea, need for tube removal and/or reinsertion, tympanic membrane perforation, adenoid regrowth, persistent/recurrent throat infections, persistent symptoms, dehydration, scar tissue formation, need for oxygen supplementation, anesthesia, need for further surgical intervention. They understood all these risks preoperatively and wished to proceed.

**DESCRIPTION OF PROCEDURE:**

The patient was taken to the operating room and laid supine on the operating room table. General endotracheal anesthesia was administered by anesthesiologist. Once adequate level of anesthesia was achieved, the patient's head was turned and the right external auditory canal was cleaned with the operating microscope and the cerumen curette. The tympanic membrane was well visualized and the anterior-inferior radial myringotomy was made. The middle ear space was suctioned, and a tympanostomy tube was inserted without difficulty. Antibiotic otic drops were placed followed by a cotton ball to the right external meatus. The left ear was cleaned of all cerumen, and the tympanic membrane was well visualized. An anterior-inferior radial myringotomy was made. The middle ear space was suctioned. A tympanostomy tube was inserted without difficulty. Antibiotic otic drops followed by cotton ball to the external meatus were placed.

The head of bed was turned 90 degrees. The patient was positioned and draped for the adenoidectomy. A Crowe-Davis retractor was carefully placed in the patient's oral cavity using retract the mouth open. Careful palpation of the soft palate yielded no evidence of submucous cleft. A rubber catheter was placed in naris and oropharynx to retract the soft palate anteriorly. A dental mirror to view the adenoid tissue. The obstructive adenoid tissue was removed using the suction electrocautery. The posterior choanae were widely patent bilaterally. The nasopharynx and oropharynx were thoroughly irrigated with normal saline and hemostasis was confirmed. The rubber catheter and the Crowe-Davis retractor were removed from the patient without difficulty. The patient was turned back over to anesthesia, taken to PACU in stable condition.



Kris R. Jatana, MD