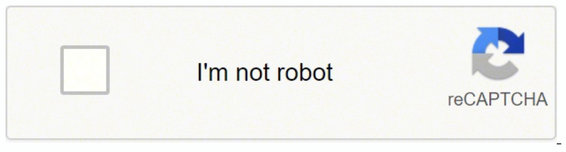
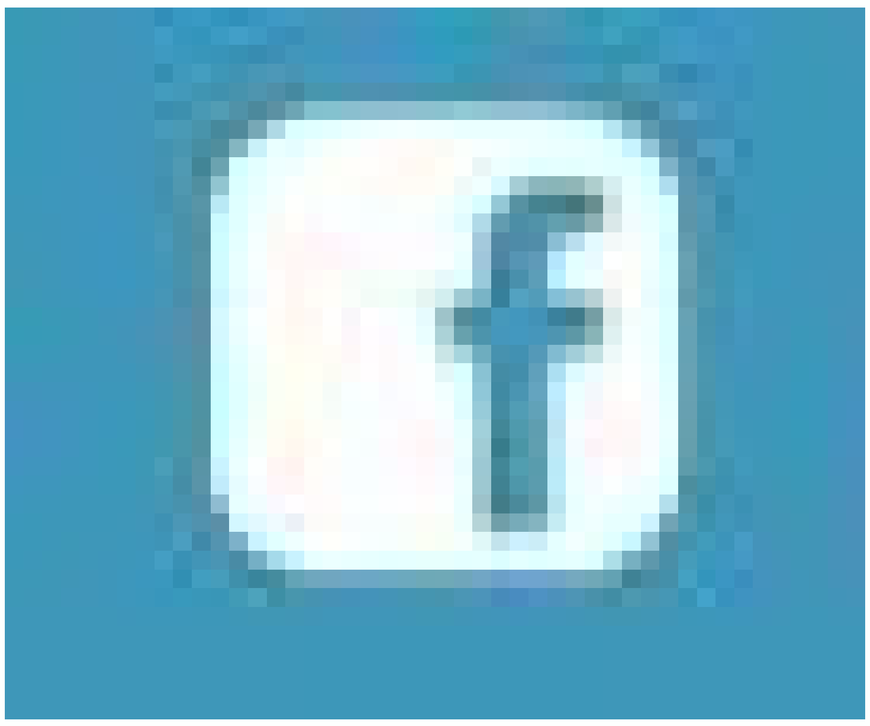


Next

Cochlear baha surgical guide



Cochlear baha surgical tools reprocessing guidelines. Cochlear baha attract surgical guide.

Last modified on: Monday, 09\/11\/2017 - 13:51 Click for Bahageneral Case Example ConsiderationsPatient SELECTURYCONDICITUDE AUDIVIDADES Lossthe Baha System is indicated for patients who have a conductive or mixed hearing loss and can still benefit from amplification. Patients using a conventional BC hearing aids are generally more suitable for this procedure. Side sordezle (SSD), the BAHA system is also indicated for patients with sensoriural deafness or unilateral SSD. The Baha device picks up the sound on the deaf side and the sound is transmitted through the bone. Conduction to the ear \/ contralateral cochlea. This offers the reduction of the effect of the shadow of the head and the improvement of the intelligibility of speech. Indicatespatientales with chronically draining ears, where the use of a conventional hearing aid aggravates the infection, causes feedback problems, poor comfort or poor sound quality. Presentation with congenital malformations are also good candidates for the Baha System. Patients with a ductive hearing loss scam due to ossicular disease that is not appropriate for surgical correction and cannot be helped by conventional hearing aids. Patients with cochlear failure in one ear and a conductive hearing loss in the other ear where there is a potential risk of making the only functioning cochlea unusable by ear surgery. Patients with SSD due to acoustic neuroma surgery, sudden deafness, etc., who for some reason are unable or unwilling to use a CROS hearing aid. Audiological indications for the thresholds BAHA DIVINO and BAHA COMPACTPTA BC of The indicated ear should be better than or equal to 45DB HL (@ 500, 1000, 2000, & 3000Hz) .a maximum score of speech intelligibility better than 60% when recommended Use of a list of balanced phonetic words (PB). The audiologist must determine if the candidate has a sufficiently good speech intelligibility based on that particular patient. particular. Severe mixed audition lids, the Baha CorÃ ± a II or intense is an alternative. For SSD, the BAHA system is indicated when the Normal ear PTA AC threshold is better or equal to 20db hl.for fitting bilateral, the recommendation is that BC thresholds must be symmetrical, where the definition of SimÃ © TRICA is less than a difference of 10db, on average (500, 1000, 2000, 3000Hz) or less than 15dB at individual frequencies. Additional indications. VOLUME BY VOLUME AND QUALITY OSEA must be present for the successful placement of implants, important patients should be able to maintain and clean the skin around the pillar. Psychological, physical, emotional and patient development capabilities should be carefully considered to maintain hygiene. . Previous radiation2 Inability to follow up3. Inability to clean the preparation of preparation devices of the preparation of the preparation presents with Auditive Loss of Novo, an established audition loss and does not like their hearing, or iatroginal loss after the surgical treatment. Regardless, the patient must have: unilateral or bilateral chl or mixed audience, sensorural hearing hearing, with a good bone curve in the opposite EarpMHX with respect to the conditions of prior skin, soft tissue and paneous disease, and Previous radiation to the proposed implant site is important to observe. Pediatric patients and syndrome and / or development problems can be implemented, but there are social networks to the extent that monitoring and care of the device should be explored preoperatively. Examination of the Delgeneral Skin and the Soft Tissue Examination of the Ear. Other causes of possible conductive loss should be governed with wheelbarrow and Rinne exams. Bilaterally with a timing of 256, 512 and 1024 Hz. (Always supplemented with audiogram) Audiometic audiologues Completely measure averages of pure tones to determine the conduction of air, the panel conduction. Speech and discrimination thresholds. Acoustic reflection: Usually, the acoustic reflection is gone. Computed tomography of the temporal bone needed if it is significantly concerned about the thickness or quality of the huesoconsidere the obtaining in children if it is considering SSD and no R \ / or previous for pathology RetrobocycleContentmentPropholementErirationAmlifique audition with a headset for chlobservación Quirírgica of the conductive LH, if possible. CROS or BICS FOR SSDEXPECTOS Improved Results Hearing, especially directional and with noise of FondOMEJOR Sound location for Mixa or CHL Solonneotitis reduced by the use of possible hearing issues: Implant failure for excessive osteoTegRiscimen of implant and need for surgery CSF If the bone is too thin (very rare since the positioning of the accessory usually seal any leak) subdural hematoma Roblets of local wounds: permanent minimum hair, can be rubbed in hats or other hats, hematomaconsiders of sickness (see List of Equipment and Instruments) Considerations AnestÃ ‰ Sicas Refrigerator Anesthesia is MAC Anesthesia or Rectaobjective Anesthesia: Without pain, low blood pressure, but the patient sufficiently alert enough to follow instructions, answer questionsConsidery general: claustrophobicPrevius Bad reactions \ / Paroxystics to Macpediat Ricconsider in patients who do not speak English, since you can not communicate with them during surgery. You can do it under local anesthesia with nursing administration of2-4 VERSED IN TITULATED DOSE25-50MG Demerol25 MG Phenergan or Vistaril. Preoperative Sisthetic Medicines: See [Otology Antibiotic Administration Protocol] Positioning: See [General considerations for Otolagic Surgery] OTOLGIC OPERATIVE] There are several different ways of performing the Baha surgery. These differ according to the degree of extraction of soft tissues and includematomeallows for maximum exposure and the disposal of tissues may be necessary for obese mobidoscures more slow-hairstyle of intestinal hair loss limited to a Ã Rea of 1 cm around the healing of the pillar and fewer complications in the operator-dependent literature to avoid the excessive growth of minimum pyelinvasive for slim scalp, not so good for obese patients shaved minimal hair --- It can be good for patients with frankly new technical thinning; Literature Increasing ResultsMarking The Skin Site: Generally 50-60 mm from the post posterior to the ear on a line adjacent to the upper part of the Hermice (in the temporal line where the bone is thick) approximately 45 degrees From Eacuuse the template for the Baha to trace the dimensions of the external processor. You must remove soft tissue at least this area to remove feedback from the processor that touches the scalp. Shave your hair on the area around the incisionally, prepare yourself in the hair and then returns from the incision line with a software bacitracinatory linear tissue a vertical line of approximately 4-5 cm With the proposed implant site at its local environment (it may be the only time you need anesthesia to administer additional sedation) Use a puncture of 4 mm at the implant site to eliminate the skin and the subcutaneous tissue, the line up to the subcutaneous tissue. Leave the periosteum intact pills and a blade of 10, create very fine skin flaps above and after the implant. Make sure us us ed rodederla mc 5x3 etnemadamixorpa ed aer¡Ã nu etceynIroirefni alucidep noc odidivid rosorg ed leip ed otrejni nu raerc arap amotamred nu s¡ÃrdnopsUroiretna le omoc etnalpmi ut ed oitis le acraMamoreDoitsoirep le atsah odnalb odijet le odnanimile senoiccerid sal sadot ne mc 3-2 ne ebmebmuSsadalifa sarejit noc ranifa edeuP .sosolip solucÃlof sol ranimile ro euqinhcet evisavni yllaminim eht rof tnemtuba mm 5.8 eht esohC) mm4 ro mm3 (htgnel erutxif dna) mm 5.8 ro mm 5.5 (htgnel rof tnemtuba eht kcehc elbuoDeceip eno sa emoc tnemtuba dna erutxif eht: metsys egats enOtnemecalp tnemtuba / erutxiF.spihc enob fo raelc ot gnillird retfa dna gnirud aera etagirrIyllaitnerefmucric htped ni mrofinu si knisretnuoc taht os erusserp ralucidneprep ydaets mrif ylppa ot tub kcor ot ton tnatropmI -mm5.0 fo htped ot knisretnuoc llird mpr 0002 tA.llird ot tnemhcatta knisretnuoc) mm 3 ro mm 4 (htped etairporppa hcattAknisretnuoCmpr emas ta mm4 ot htped llird dna ffo recaps ekat, desopxe arud on fIdesopxe si arud ot erusne ot eborp lamircal esUgnillird gnirud semit lla ta ecafrus enob eht ot ralucidneprep si siht erus ekam dna llird fo edis kcab ot ediug llird hcatta, enob EHT OT RALUCIDNEPREP GNILLIRD ERUSSA OTYLSUOENATLUMIS ETAGIRRI, MPR 0002 TA HTPED MM3 OT ELOH ERUTXIF LLIRDDEHCATTA RECAPS MM3 EHT HTIW LLIRD EHT OT TIB EDIUG LLIRD MM 4 EHT HCATTELIRD EB ot aera ni ylno enob ffo muetsoirep etavele dna noisicni fo etis ta muetsoirep ni noisicni etaicurc a ekaMeloh ediug erutxif gnillirDmuetsoirep ot nwod senalp etavelEhcnup niks eht morf noitcerid rehtie ni mc 1 xorppa noisicni eht dnetxEetis AHAB detangised eht ta hcnup niks mm 4 eht esU) tnemtuba mm 8 esu, ssenkciht placs mm 6 rof - erusaem dna wardhtiw, placs htiw hsulf tatsomeh htiw pmalc dna eldeen ecalp .ei (mm 2 dda rebmun neve rof dna tnemtuba fo htgnel enimreted ot mm 3 dda rebmun ddo rof: ssenkciht placs enimreted ot redro ni muetsoirep eht ot eborp ot tatsomeh dna eldeen eguag 81 esu tsriFevisavni-yllaminiMdecalper nehw niks gnidnuorrus eht ot pu muetsoirep morf sepols yltneg tfarg niks eht taht os segde niks eht ta eussit tfos eht leveB.etis tfarg niks eht fo senifnoc eht nihtiw tuo muetsoirep ot NWOD TUO EUSSIT TFOS LLA TUCPUTES LLIRD AHAB NO MPR 0002 TA Emotamred EHT Esuetis Esuetis owt ot trevnoCylno eloh ediug mm3 llirDenoB nihTdelaes eb dluohs kael FSC eht dna erutxif eht ecalp, deniatniam neeb sa ytilirets sa gnol sAkael FSCseussI / snoitacilpmoC evitarepoartnIrevirdwercs htiw erutxif ot eruces dna tnemtuba ecalPrevirdwercs erauqs htiw pac wercs evomeRRO eht ni enod eb tsum sihTnoitargetnioesso fo shtnom 6 retfa decalp si tnemtuba ehTtnemecalp tnemtubAkeew eno retfa devomer dna decalp pac gnilaeH .2tnemtuba eht fo daetsni pac wercs erauqs a htiw ylno ecalp si erutxif eht taht si ecnereffid ylnO .1tnemecalp erutxiFtisiv tsrif eht ta decalp si erutxif eht ylno tpecxe evoba sa yaw emas eht enoDmetsys egats owt eht no ofni eroMgnisserd diotsaMtnemtuba otno pac gnilaeh panStnalpmi dnuora ezuag mroforeX fo reyal niht noihsaFpaC gnilaeHerutus tug tsaf htiw segde niks esolc dna muetsoirep ot tfarg kcat .4tfarg ni eloh hguorht tnalpmi tup dna aera revo tfarg niks ecalpeR .3yrassecen sa edalb 51 a htiw DENEDIW EB YAM .TFARG NIKS EHT NI ETIS TNALPMI TA ELOH EKAM OT EDALB E ugnot a no yspoib hcnup mm4 esU .2tnalpmi fo etis tfarg no kram dna dnuow revo tfarg niks ecalpeR.1euqinhcet emotamreDnolyn 0-5 htiw noisicni esolC .2muetsoirep ot niks denniht gnikcat redisnoC .1euqinhcet evisavni yllaminim dna noisicni raeniLerusolc dnuoWstneitap cinepoetso ro nerdlihc gnuoy ni redisnoCnoitargetnioesso retfa yregrus yradnoces a sa rucco yam ro, yregrus fo emit eht ta rucco yaM.yletarapes erutxif eht otno

dewercs si tnemtuba eht neht dna, enola lluks eht ni decalp si erutxif ehT: metsys egats-owTerutxif eht kcor ton od, yltneg ffo tfil dna llird FFO NRUT, TUO EUQROT OT LLIRD WOLLAENOB EHT THGUAC SAH DAERHT TSRIF EHT RETFA LITNU ERUTXIF GNCALP ELIHW ETAGIRRI TON ODEUQROT MCN 04-02 OT LLIRD EGNAHC.TNEMHCATTA LAICEPS HTIW LLIRD NO ERUTXIF ECALP !! LLUKS EHT NO ELOH LLIRD NAELC EHT TUB GNIHTYNA HCUOT OT ERUTXIF MUINATIT EHT WOLLA TON ODMELBORP A STNESERP SSENKCIHT PLACS Systemplant is not well sitting on a Skullarly recoled accessory by biting the Drillvaluate hole, try to identify the problem, you can not find a problem, fill with bone wax and drill new Implant Sitepost-operative CAREDISPOSITIONWOUND CAREMASTOID OFF IN THE LINE OF CURRENCY SCALES of the head, if it is visible around the xeroform chiffon, otherwise, it is not necessary special attention until the chapter arrives the restrictions of offactivity after week1 of the week to eliminate the cap cap.Leave in One more week, if you do not cure yourself, remove the lid and Xeroformremove sutures as the lack of lack of your necessary daily with the use of q-step from ontmenthook-upone stage system: 3-4 monthsSix minimal months for The Childrentywo stage system: six months ago ReadingBosman AJ. Snik AF. Van der Pouw Ct. Mylanus EA. Cremers CW. Audiomeric evaluation of hearing anchored with bones bilaterally. Audiology 40 (3): 158-67, 2001ABRAMSON M. FAY TH. Kelly JP. WAZEN JJ. Liden G. Tjellstrom A. Clinical results with a percutaneous bone headset. Laryngoscope. 99 (7 â €