



Rates of Stapedectomy Performed at Academic and Non-Academic Centers across the Department of Defense

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Disclosure Statement



- “The views expressed are those of the presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.”
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Background



- Stapedectomy is a technically complex procedure with well-defined success outcomes (air-bone gap <10 dB) (Luryi; Saerens; Mann)
- Stapedectomy remains a key indicator procedure per ACGME
 - Despite decreasing incidence of otosclerosis (Marinelli)
- Previously published survey data suggests few general otolaryngologists perform stapes surgery routinely in practice
- Compare procedural productivity of residency programs and general otolaryngologists to evaluate the degree to which general ENTs routinely perform stapedectomy





Methods

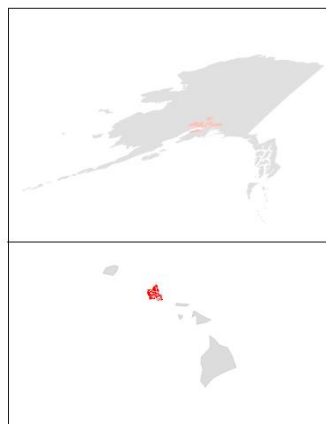


- 1 Jan 2015 – 31 Dec 2020
- CPTs 69660, 69661, 69662 (stapedectomy, stapedectomy with footplate drill-out, revision stapedectomy)
- 50 mile catchment area

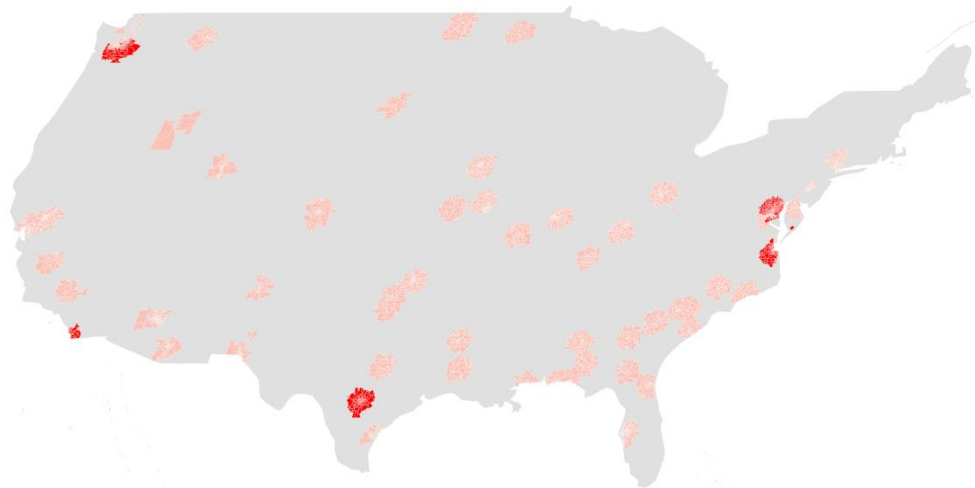




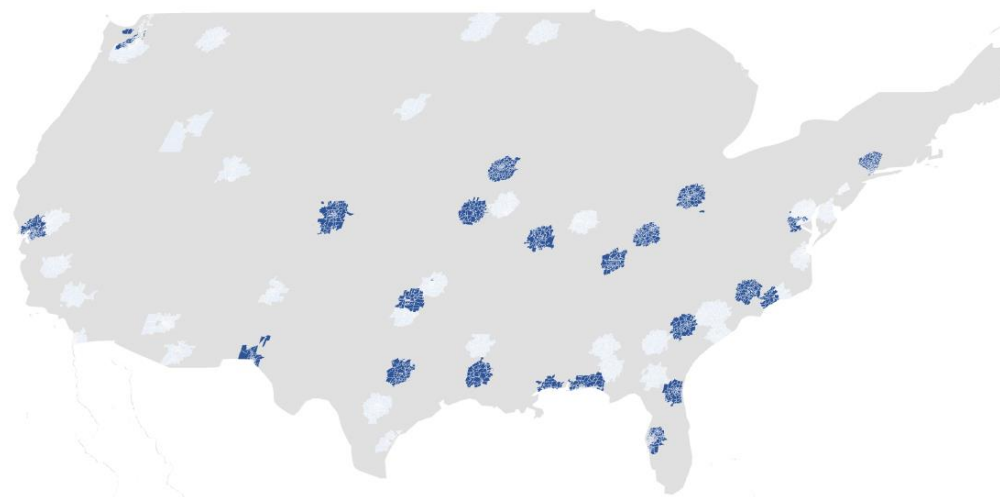
Methods



- Academic Otology Coverage
- No Academic Otology Coverage
- Data Unavailable

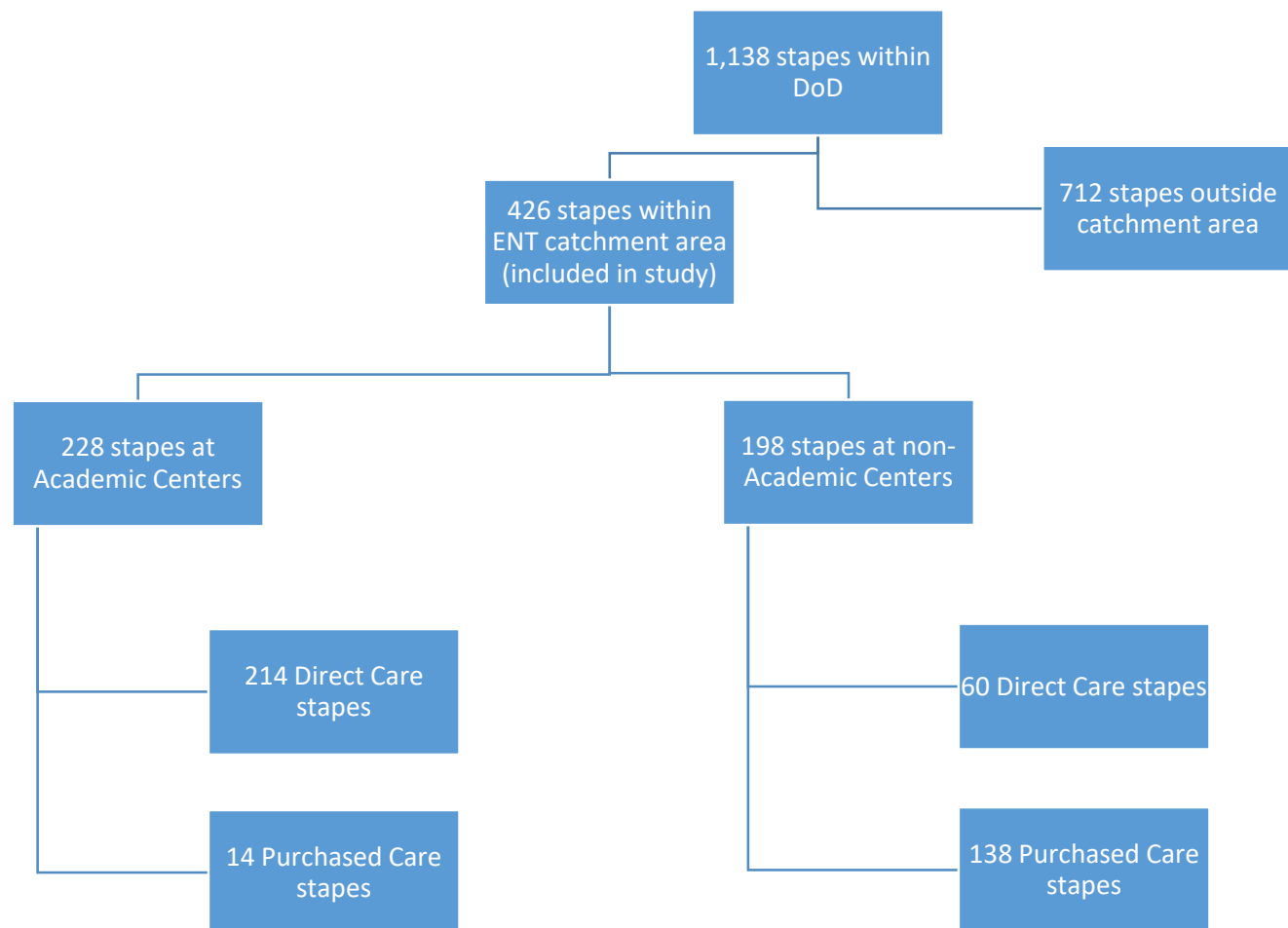


- Non-Academic Otology Coverage
- Academic or No Otology Coverage
- Data Unavailable





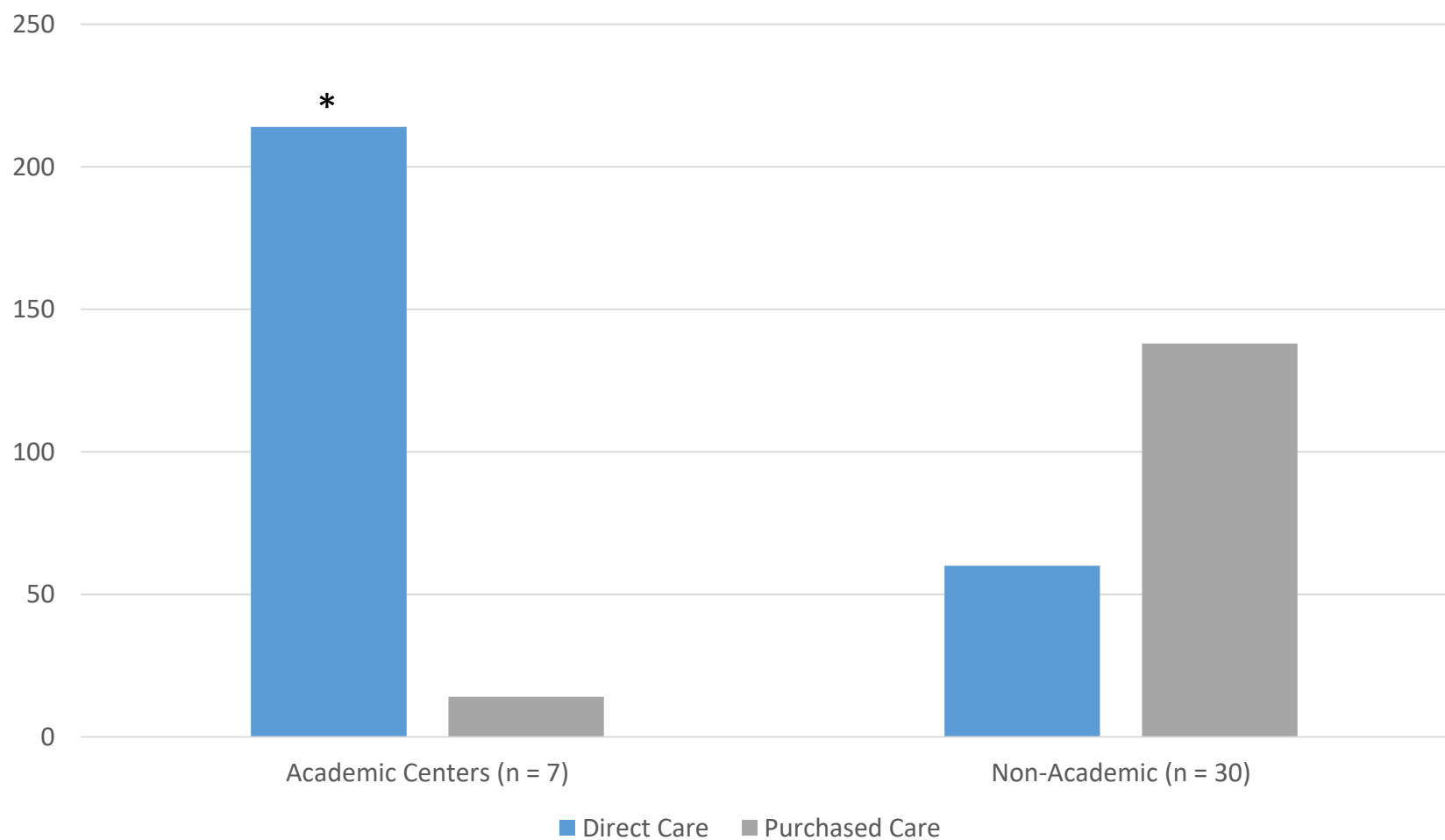
Methods/Results





Results

Direct versus Purchased Care by Procedure Count between 2015 – 2020 within the DoD



* represents $p < 0.0001$





Discussion



- 1/90 practicing military general otolaryngologists are regularly performing stapedectomy
- 5% of graduating otolaryngologists from 2000-2004 reported regularly performing stapes surgery (Ruckenstein and Staub)
- Only 1/3 senior residents and 1/3 attendings surveyed report residents as 'practice-ready' for stapes surgery (Chen et al)
- Decreased incidence of otosclerosis limits case volume (Totten)





Conclusion



- Significant difference in rate of stapes procedures performed by general otolaryngologists as non-academic centers and fellowship-trained otolaryngologists at academic centers
- Fellow level training preferred for full competency in stapedectomy
- Consider removal of stapedectomy from ACGME “Ossicular Chain Surgery” as a key indicator procedure





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