**Annexure- CM - ENT**

**Spectrum of Diagnosis in the Specialty of Otorhinolaryngology:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Clinical & Surgical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| **Spectrum of Clinical Diagnosis** |  |  |  |
| Acute Otitis Media |  |  |  |
| Anotia/Microtia/Meatal atresia |  |  |  |
| Aural Polyp |  |  |  |
| Carcinoma Hypopharynx |  |  |  |
| Carcinoma Larynx |  |  |  |
| Chronic Rhinosinusitis/ Sinonasal polyps |  |  |  |
| Chronic Suppurative Otitis media safe |  |  |  |
| Chronic Suppurative Otitis media unsafe |  |  |  |
| Chronic Tonsillitis/Adenoiditis |  |  |  |
| Congenital Sensorineural Hearing Loss |  |  |  |
| Cosmetic Nasal deformity |  |  |  |
| Deviated Nasal Septum |  |  |  |
| Epistaxis |  |  |  |
| Foreign body (E/N/T) |  |  |  |
| Naso pharyngeal Angiofibroma |  |  |  |
| Otosclerosis |  |  |  |
| Parotid neoplasm  (Benign & MalignanA ) |  |  |  |
| Presbycusis |  |  |  |
| Sialadenitis |  |  |  |
| Sinonasal Malignancy |  |  |  |
| Sleep Apnoea |  |  |  |
| Thyroglossal Cyst & Sinus |  |  |  |
| Tongue tie |  |  |  |
| Upper respiratory tract infections |  |  |  |
| Vocal Cord palsy |  |  |  |
| Vocal nodules/polyp |  |  |  |
| Others |  |  |  |
| **Spectrum of Surgical Diagnosis** |  |  |  |
| Tracheostomy |  |  |  |
| Tonsillectomy |  |  |  |
| Adenoidectomy |  |  |  |
| Incision Drainage Quinsy/other abscesses |  |  |  |
| Biopsy from neck mass & Lymph node |  |  |  |
| Direct Laryngoscopy |  |  |  |
| Submandibular duct stone removal |  |  |  |
| Total Laryngectomy |  |  |  |
| Radical Neck dissection |  |  |  |
| Nasopharyngeal Angiofibroma |  |  |  |
| Ligation External Carotid Artery |  |  |  |
| Microlaryngeal Surgery |  |  |  |
| Parapharyngeal space surgery |  |  |  |
| Thyroid Surgery |  |  |  |
| Pre auricular sinus excision |  |  |  |
| Cortical Mastoidectomy/Modified radical mastoidectomy |  |  |  |
| Myringotomy |  |  |  |
| Aural Polypectomy |  |  |  |
| Branchial Sinus/Thyroglossal /cyst |  |  |  |
| Facial Nerve decompression |  |  |  |
| Stapedectomy |  |  |  |
| Myringoplasty/Tyompanoplasty |  |  |  |
| Nasal Polypectomy |  |  |  |
| SMR/Septoplasty |  |  |  |
| External Frontoethmoidectomy |  |  |  |
| Functional Endoscopic Sims surgery |  |  |  |
| Maxillectomy |  |  |  |
| Rhinoplasty |  |  |  |
| Lobuloplasty |  |  |  |
| Fracture Nasal bone |  |  |  |

**Date:**

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| **Signatures of Head of the Department**  **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) |