OtoSight
Middle Ear Scope

Quick Start Guide

S-20492 Rev 3, December 2025

For OtoSight part numbers:

S-20464 OtoSight Model 34R with WiFi and Battery

For other OtoSight configurations, consult the respective Quick Start Guide.

DISCLAIMER:

The Quick Start Guide is not a substitute for the IFU. Please refer to the IFU for complete OtoSight Middle Ear Scope operating instructions.

Click the link above or scan the QR Code to view the operating instructions.

SCAN HERE

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1

Once plugged in, turn the OtoSight Middle Ear Scope on by pressing the power button located on the front of the device.

Note: The device may take up to 60 seconds to start after pressing the power button.

2

Choose the appropriate speculum tip size for the patient exam and attach it to the handheld.

2.75mm Speculum Tip

4.25mm Speculum Tip

3

Touch the New Exam button on the Home Screen Menu.

Wait for the “Initializing...Keep Out Of Ear” message on the handheld screen to disappear.

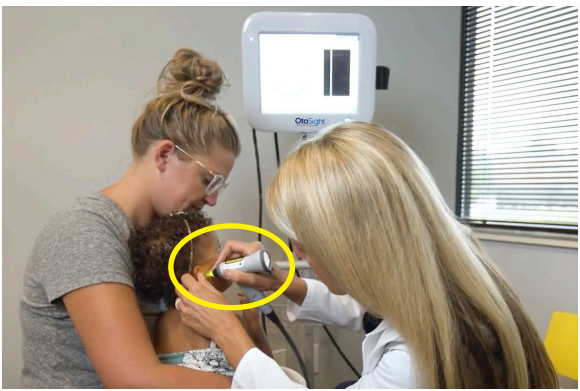
4

Once the initializing message disappears (about 8 seconds), press the handheld button at the base of the handheld screen to enter OtoSight Exam Mode. REC will appear on the base unit screen and the handheld display.

Note: For ease of use, it is best to press the handheld button just prior to placing the scope into the patient's ear to avoid a lengthy blank section at the beginning of the Middle Ear Scan.

5

Insert the OtoSight Middle Ear Scope speculum tip into the right ear canal using standard otoscopic technique.



Note: The right ear is the default start position; changes to the default start position can be made in the Configuration Mode.

6

Advance the OtoSight Middle Ear Scope along the ear canal, aligning the crosshairs on the handheld screen with the light reflex. With the light reflex in view, continue to advance the OtoSight Middle Ear Scope along the ear canal until the surface image is in focus and the crosshairs on the handheld screen and base unit screen turn green.

7

Remove the OtoSight Middle Ear Scope from the ear canal and press the handheld button on the base of the handheld screen to end recording of both the otoscopy and Middle Ear Scan images.

Note: If a bilateral exam is desired, press the handheld button again and repeat steps 5 through 7 on the second ear.

8

Touch “Review (#) Recordings”
on the base unit screen to review
the otoscopy and Middle Ear Scan images.

9

Once in Review Mode, all the images collected during the exam can be viewed and evaluated by scrolling through the exam strip display.

The autoturbidity feature on the OtoSight can be used to assess the presence and turbidity of fluid in the middle ear space.

10

AutoTurbidity provides an automated assessment of turbidity of fluid in the middle ear.

Caution: When using the feature, ensure automatic anatomy identification is correct and the measurement zone is correctly placed in the middle ear space.

11

Select an available export method to save a PDF report. Touch Exit Exam on the base unit screen to end the OtoSight Middle Ear Scope exam and return to Otoscopy Mode.

Tips for Successful Middle Ear Scans

Achieving an Optimal Middle Ear Scans

- Focus the crosshair on the handheld screen on, or near, the light reflex.
- If the view of the TM is limited, place the crosshairs at the position closest to the light reflex that is visible in the otoscopy view.
- If no light reflex is visible, place the crosshairs as close to the inferior half of TM as possible.

Otoscopy Tips and Tricks

- To straighten the ear canal for easiest and fastest Middle Ear Scan acquisition, pull on the outer ear using the following general practices:
  - Infant/young child - Pull down and back
  - School age and young teen - Pull back
  - Older teen and adults - Pull up and back
- If the ear canal is completely impacted with cerumen and no eardrum is visible in the otoscopy image, consider removing cerumen by a methodology approved by your practice or institution before proceeding with the exam.

Properly Align the Speculum Tip

- Choose an appropriately sized speculum tip for the patient and install it onto the nose cone of the handheld by screwing it, clockwise, into place.
- Use only the specula that are compatible with the OtoSight Middle Ear Scope. Using other specula can result in damage to the device.
- A misaligned tip will result in an obstructed view. If this is the case, gently remove the tip, and realign the tip onto the nose cone of the handheld and screw it clockwise back into place.

Issues with Cerumen

- The OtoSight Middle Ear Scope is 90.6% accurate when assessing Middle Ear Effusion. It has been shown that an accurate Middle Ear Scan can be achieved with as much as 93% occlusion. So long as you are able to achieve line of sight to the TM from the handheld you will have success.
- A benefit of OtoSight Middle Ear Scope is that you do not need to see a larger portion of the tympanic membrane like you do with an otoscope to evaluate the middle ear.
- However, if the ear canal is completely impacted with cerumen and no eardrum is visible in the otoscopy image, consider removing the cerumen by a methodology approved by your practice or institution before proceeding with the exam.

Scan without Middle Ear Effusion (Fluid)

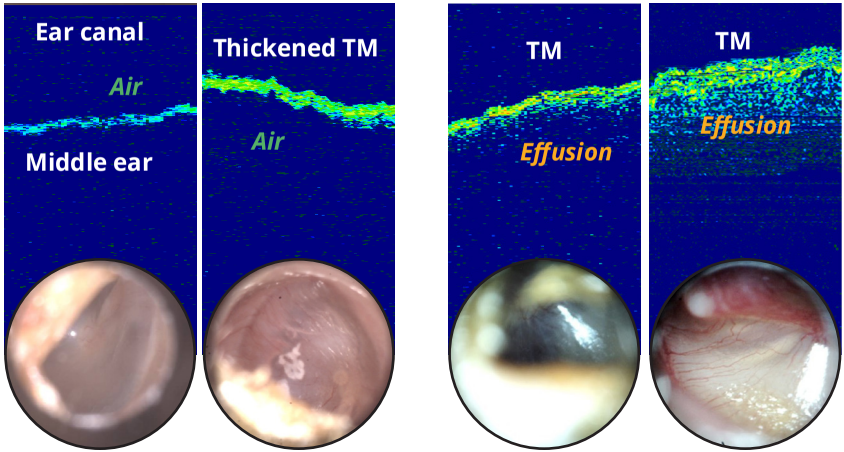
Scan with Middle Ear Effusion (Fluid)

Normal Ear

Tympanosclerosis

Low turbidity

High turbidity



TM - Tympanic membrane (eardrum)