Wait and scan treatment of vestibular schwannomas (VS) has become an accepted treatment. Even every surgeon prefers to operate on small tumors, we will agree to wait up to 2 cm extrameatal size, in particular, in elderly patients and presumably avoid surgery in 40% of such patients.

To reduce the frequency and severity of postoperative seqalae, especially the facial palsy we should accept the concept of leaving a residual peace of the tumor and scan it - i.e. wait and scan treatment of the residual VS.

Following sizes and localities are proposed:
1) Description at surgery. Longest diameter and perpendicular diameter in mm,
   \[2 \times 1\text{mm}, \text{or} \ 3 \times 2\text{mm and so on.}\]
   a) In the fundus, b) in the meatus, c) around the porus,
   d) along the extrameatal part of the facial nerve, e) at the brain stem.
2) CT or MR scan during the first postoperative days-same description
3) CT or MR scan at various intervals-same description.
   The length of the intervals depends on the initial size and location of the residual tumor.

Such classification will also be useful in multi-centric research projects.