



## Ear Surgery

### What is a tympanoplasty and a mastoidectomy?

A tympanoplasty is the surgical repair of the tympanic membrane, the ear drum. A mastoidectomy is the surgical removal of chronic infection from the mastoid.

### What is a Stapedectomy or Ossiculoplasty ?

Both of these procedures refer to reconstruction of the tiny ear bones. These bones are present in the middle ear and vibrate to conduct sound from the ear drum to the cochlea and nerve of hearing. Ossiculoplasty can be done for missing, scarred or fused bones that no longer vibrate. A stapedectomy removes a fixed stapes bone and places a wire piston in its place. A stapedectomy requires making a hole or entrance into the cochlea to create contact between the bone and the inner ear.

Many times several of these procedures are performed simultaneously. Risks and recovery are similar but subtly different. Your doctor will explain your planned procedure to you.

### Indications

These operations, or a combination of them, may be scheduled for the following reasons:

- Chronic ear infection
- Perforation or other abnormality of the ear drum
- Conductive hearing loss

### Hospital stay

A hospital stay is typically not required following a tympanoplasty with or without a mastoidectomy.

### Anesthesia

General anesthesia will be used for your ear surgery. Prior to surgery the anesthesiologist will talk to you about anesthesia and what to expect.

### Risks of Surgery

As with any surgery, there are not only benefits but also risks. The following information will help you understand the risks of these procedures. As with any operation, there may be some unanticipated complications besides those listed here.

- Although most patients experience hearing improvement after surgery, some may have no change in hearing while some experience increased or complete hearing loss. At times a second procedure may be necessary to improve hearing. In very rare cases, patients' hearing loss is very severe and may prevent the use of a hearing aid in the operated ear
- Dizziness that begins following middle ear surgery is fairly common and lasts from days to weeks. If all of your hearing is lost with the operation, dizziness might last for several weeks or months.
- The nerve that supplies one-third of the taste of the tongue runs through the middle ear and may have to be pushed aside or cut to perform surgery. Therefore, temporary taste disturbance occurs in many patients and may last up to three months. Patient usually have a vague metallic taste in the mouth. In rare cases, this disturbance is prolonged for several months.

- The facial nerve controls movement on one side of the face and runs through the middle ear and mastoid bone. An immediate or delayed weakness of the face is rare but may occur as the result of swelling or injury of the facial nerve. A permanent paralysis is very rare but can occur.
- Numbness around the area of your incision is very common and can last for several months. In rare instances, the numbness can be permanent.
- Most patients have an intact eardrum after surgery, but some do develop another perforation. If a perforation does occur, another operation may be required to repair it.
- Though infection is not common, it is a risk with any surgical procedure. Should infection occur, it may lead to meningitis (an infection of the tissues surrounding the brain) and require prolonged treatment in or out of the hospital. This is a rare complication.
- In some cases, a two-stage operation is necessary, especially if a cholesteatoma (a skin cyst in the ear) is found.
- A leak of cerebrospinal fluid (liquid surrounding the brain) rarely occurs through an opening made in tissue surrounding the brain. The opening is always sealed before completion of the operation. On occasion, however, a leak recurs or persists and additional surgery may be required to stop it.
- Substantial bleeding requiring transfusion is extremely rare. A hematoma or collection of blood under the skin incision is unusual. Removal of the clot may require additional surgery and prolonged hospitalization.

### **Dressing and Incision care**

Immediately following surgery, your ear will be packed with a deep packing and an outer cotton ball. This will make your ear feel full and cause your hearing to be decreased. The cotton ball can be removed and replaced as needed. Use a piece of clean, dry cotton in the ear as needed or as is comfortable. Change it when it becomes wet or discolored. Minimally change it daily. The cotton ball is not required. Before bathing or showering, replace the dry cotton with a piece of cotton covered with Bacitracin ointment or Vaseline. Even with this packing in place, do not let water run directly into your ear. Do not go swimming until your doctor says you can. You need to keep any sutures (stitches) dry for 48 hours after leaving the hospital. After that, water may be allowed to flow over the sutures but do not scrub or rub the sutures. Pat the sutures lightly to dry. Apply bacitracin twice daily to any skin incision that you have.

### **Post-operative symptoms**

Ear surgery is usually not terribly painful. Many people feel like doing more than they should, so take time to recover and don't overdo it. Take Tylenol or a similar Acetaminophen containing product for any discomfort. Mild headaches and disequilibrium are not unusual. You should anticipate some pulsation, popping, clicking, and other sounds in the ear. At times, you may feel as if there is liquid in the ear. These types of symptoms should steadily improve.

### **Post-operative activity**

For at least two weeks after ear surgery or until your doctor allows:

- Do not blow your nose, secretions can be drawn back in the throat and expectorated.
- Do not engage in any strenuous exercise.
- Do not strain or lift anything heavier than 10 pounds.
- Do not try to "pop" your ears.
- Do not try to hold back a sneeze (instead, sneeze with your mouth open).
- Do not travel by air.

### **Hearing**

Hearing improvement is rarely noted immediately following surgery. It may even be worse temporarily because of swelling of the ear tissues and packing in the ear canal. Six to eight

weeks after surgery, an improvement may be noted. Maximum improvement may require four to six months.

### **Discharge**

A bloody or watery discharge may occur during the healing period. A yellow discharge at any time is a sign of infection and requires a call to the clinic. Please call the ENT Clinic if you experience any of the following:

- persistent or severe dizziness
- severe headaches or pain
- pus-like drainage from behind the ear
- drooping of one side of your face
- fever over 101 degrees

### **Post-operative appointments**

A post-operative appointment is required following surgery and should be scheduled at the time surgery is scheduled. If your pos-op appointment has not been scheduled, call the office to do so.