Mastoidectomy surgery
Information for patients

Patient's name:

Side of operation: Right / Left

Please read and complete this form before admission

We suggest you use a pen ticking each section as you read it and jotting down any questions.

Consent - What does this mean?
Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation. It is important **before** giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

MASTOID SURGERY

The 'mastoid bone' is the area of bone behind your ear. It is a hollow bone and joins with the space behind the ear drum.

Surgery on the mastoid bone is performed for a number of reasons. The main two reasons are 1: for the treatment of CHOLESTEATOMA and 2: for the treatment of mastoid infections.

CHOLESTEATOMA is a condition where the skin lining which is normally on the outer surface of the ear drum has grown into the space behind the ear drum and into the mastoid bone. The skin in this area can continue to grow and collect and may then damage some of the important structures in this area as discussed below. This skin collection (cholesteatoma) can also become infected and cause a smelly discharge from the ear. Although it is very rare infection can spread inwards to cause problems in or around the brain.

Surgery to remove a cholesteatoma involves drilling into the mastoid bone and lifting the ear drum. During the surgery all the structures in the ear and mastoid bone are at risk of being damaged. The risks of surgery are discussed on the next pages.

Specialist Support
If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.

RISKS OF THE OPERATION

Anaesthesia
The operation typically takes 2-3 hours and is performed under general anaesthesia. There is some risk associated with any anaesthetic of this length, but this risk is very small. The anaesthetist will see you just before the operation to discuss any concerns you may have.

I have read and understood the above paragraph please tick ☐
Questions _____

Facial Nerve Damage
In order to gain access to the CHOLESTEATOMA the surgeon needs to drill very close to the facial nerve. During this procedure it is possible that the nerve could be damaged. The damage would result in a weakness or paralysis of one side of the face. This could be temporary or permanent. It is an extremely uncommon complication (less that 1%). The nerve is monitored throughout the operation. If left untreated cholesteatoma can damage the facial nerve.

I have read and understood the above paragraph please tick ☐
Questions _____

Hearing Loss
The CHOLESTEATOMA will often have partly destroyed or grown behind the hearing bones. The hearing bones may need to be removed to allow removal of the cholesteatoma and this could make the hearing worse. Sometimes it will be possible to replace the hearing bones with an implant either at the time of surgery or at a later operation to try and improve the hearing. During surgery it is also possible for the nerve part of the hearing to be damaged and if this happens it can not be repaired. Very rarely it is possible to lose all the hearing in the operated ear (dead ear).

I have read and understood the above paragraph please tick ☐
Questions _____

Dizziness or Balance Problem
The balance system is part of the inner ear. Part of the balance system bulges into the area which the cholesteatoma often covers. This area, or other parts of the balance system, could be damaged when trying to get access to the cholesteatoma which has spread deep into the mastoid bone. This damage is very uncommon. The cholesteatoma itself can thin the bone or wear through the bone over the balance organ leading to dizziness or deafness.

I have read and understood the above paragraph please tick ☐
Questions _____

Taste Disturbance
The small nerve that supplies taste to one side of the tongue runs underneath the ear drum. In many patients with cholesteatoma the disease may have destroyed this nerve without the patient noticing. During the operation it will often need to be removed to allow access to the cholesteatoma. This may cause an abnormal taste sensation on one side of the tongue. If it happens this sensation is usually temporary but could be permanent.

I have read and understood the above paragraph please tick ☐
Questions _____

Further operations
Depending on the technique used, you may require one or two or possibly more operations to ensure that the disease is all gone and, if appropriate, the hearing is repaired. Your surgeon will discuss the technique to be used in your case. A 'canal wall up' technique, sometimes known as a CAT, usually requires a second operation about a year later..

I have read and understood the above paragraph please tick ☐
Questions _____

Mastoid cavity
After the operation depending on the technique used you may be left with a mastoid cavity. This is where the mastoid bone which has been drilled away is joined to the ear canal by removing the bony wall of the ear canal. Part of this process involves making your ear hole larger. A mastoid cavity may be small or large. It can take a number of weeks to become fully lined with new skin. Many mastoid cavities will clean themselves of wax, others will require removal of wax at the hospital on a regular basis to avoid infection. You may be allowed to get the ear wet or you may be advised to keep it dry. Occasionally cold air or cold water entering the mastoid cavity might make you feel dizzy. Most mastoid cavities should be dry and trouble free. The 'canal wall up' technique, sometimes known as a CAT tries to leave a normal ear canal and avoid a mastoid cavity.

I have read and understood the above paragraph please tick ☐
Questions _____

Tinnitus
Tinnitus is a noise which is heard by the patient but is not actually present in the environment. It is an internally generated noise due to a problem somewhere in the hearing pathway. Tinnitus is common in patients who have otosclerosis. Stapedectomy surgery may have no effect on any tinnitus that you already have; alternatively it may start tinnitus, worsen tinnitus or improve or abolish tinnitus. Tinnitus can be temporary or permanent.

I have read and understood the above paragraph please tick ☐
Questions _____

Wound infection
Wound infection is uncommon. If the wound becomes infected during the healing process it will usually settle quickly with antibiotic treatment.

I have read and understood the above paragraph please tick ☐
Questions _____

Ear numbness
A cut is made in the skin around the ear. Sometimes the tiny nerves which supply the feeling to the ear may be cut. This can cause some numbness, usually around the top of the ear. If this happens it may take a number of months for the sensation to return. It is rare for the numbness be permanent.

I have read and understood the above paragraph please tick ☐
Questions _____

This information sheet is not intended to be an exclusive list of all possible complications.

AFTER THE OPERATION

After the operation you will have a large bandage around the head.

Behind the ear there will be some plasters (Steristrips) covering the wound. These should be left in place for at least a week. Keep this area dry for 2 weeks.

The ear canal will be packed with a dressing which will be removed after 2 - 4 weeks

A piece of cotton wool will be in place covering the ear hole. This may become moist and should be changed carefully.

The stitches used will dissolve themselves and so do not need to be removed.

You should keep the ear and the wound dry until you are seen.

In the first two weeks keep away from crowds of other people to minimise the risk of picking up an infection

Avoid any strenuous exercise for a month.

IS THERE AN ALTERNATIVE TO SURGERY?

Surgery is not without risk and the alternative to surgery is to persevere with regular cleaning and observation in the out patient clinic. In the case of cholesteatoma this is not an alternative that we would normally recommend.

Looking down the ear canal in the outpatient clinic does not allow us to see the extent of the disease or completely remove it with the suction equipment. If the disease is left untreated it could damage any of the structures discussed above. Chronic infection could spread deeper into the head causing meningitis or brain abscess. These are rare but serious complications.

I have read and understood the above paragraph please tick ☐

Questions _____

I have read and understand the contents of this information sheet. I have been given adequate time to consider it and have discussed the above material with those whom I feel may be of benefit in my understanding of the above.

Signature of patient:

or

Signature of patient's parent or guardian:

Date:

Author: **Written by Mr M B Pringle FRCS(ORL), Consultant ENT Surgeon**
Date: **Oct 2010** Review: **Oct 2012** Ref: **HN 003** MPI ref: **10/3314**
© Portmsouth Hospital NHS Trust 2010