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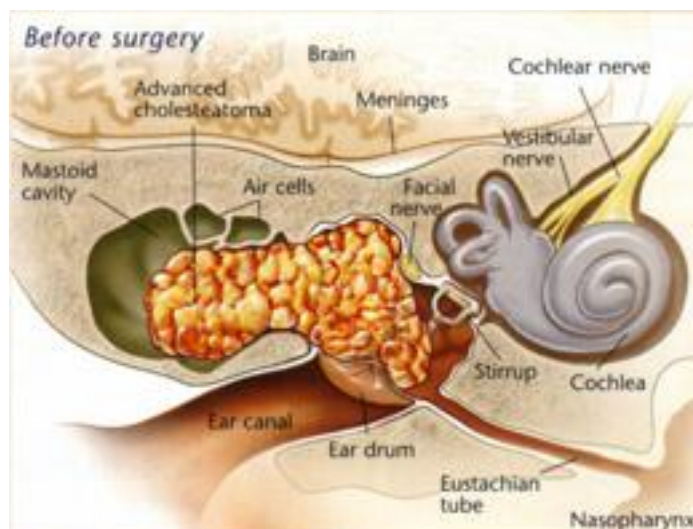
Mastoidectomy

Patient Information Guide

A mastoidectomy is an operation that explores the middle ear and mastoid air cells (behind the ear). The procedure involves the removal of bony cells to remove any disease in the area and aims to maintain or improve hearing and most importantly to render the ear “safe- i.e not likely to cause major illness or death.

There are several different types of mastoidectomy and the details of the operation and post operative care do differ depending on the type.

Most commonly the operation is done to remove an expanding skin growth –a **Cholesteatoma** , which, unchecked ,may cause very serious complications. In other cases chronic suppuration (pus formation) is present with the formation of thick unhealthy granulation tissue in the middle ear and mastoid.

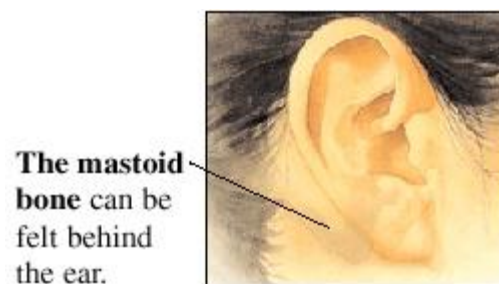


The Surgery

A mastoidectomy involves a surgical cut (incision) behind the ear to expose the mastoid bone. This is then opened with a surgical drill. The infection or growth is then removed and the incision is closed using stitches under the skin. A small dressing is then placed over the area.

The ear canal and in the case of a Modified Radical Mastoidectomy (Canal Wall Down procedure), the resulting large cavity created are packed with gauze soaked in medication. Note that this type of mastoidectomy is usually accompanied with the surgical enlargement of the ear canal opening (a **Meatoplasty**).

The operation is performed under a general anaesthetic and usually takes approximately 3 – 3 ½ hours.



Risks of Surgery:

Anaesthetic - In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely. Your anaesthetist will discuss the risks involved for you and your procedure.

Pain – is rarely severe. Simple Panadol is usually sufficient.

Bleeding – is rarely a problem unless Aspirin and other blood thinners have not been stopped.

Infection - Antibiotics are usually prescribed but infection may still occur. Remember that the operation is usually done through an already infected area.

Failure of graft - This may occur and sometimes requires a second graft attempt.

Worsening of Hearing - Although the aim is to stabilise or improve hearing, occasionally it may be made worse. Sometimes the hearing seems worse because the diseased tissue has been conducting the sound or the disease involves the tiny bones of hearing one or more of which must be removed to make the ear safe. Rarely there may be a total loss of hearing in the operated ear.

Facial Nerve Injury – is a small but significant risk in all of this type of surgery. This causes partial or complete loss of facial movement on the operated side and may be permanent or improve over time. Sometimes the disease itself will cause this injury.

Altered Size and Shape of External Ear Opening – This is not a complication because it is what we aim for in doing a **Meatoplasty**. When healed, the external opening should be noticeably larger.

Dizziness – is very common for a few days, to a mild degree. Prolonged and severe vertigo (spinning) is rare.

Preparing for surgery:

Your doctor will discuss the options for you/your child to treat your symptoms. Always tell your ENT specialist any medical history and allergies or reactions to medications. Inform your doctor of any medicines you/your child takes including herbal or natural supplements like vitamins. PLEASE INFORM YOUR DOCTOR OF ANY HISTORY (OR FAMILY HISTORY) OF BLEEDING DISORDERS.

You/your child will be required to have diagnostic tests to be done prior to surgery eg; CT scan and hearing test. This may be arranged from your consultation or in a surgical review clinic appointment made for you before the surgery. You **must** bring all your CT scans with you to all appointments and the surgery.

Things to avoid 2 weeks before surgery

- Aspirin/ plavix/ warfarin – *discuss stopping these with your doctor first*
- Anti inflammatory medication eg: nurofen, celebrex
- Fish oil, glucosamine, garlic
- (Adults) It is advisable to stop smoking for this procedure to reduce the risk of complications with an anaesthetic.

What to bring into Hospital

- You must bring in all your xrays/ scans

-Bring in a change of clothes/ night attire and personal toiletries you may require whilst you are in hospital.

-Ensure that all jewellery/piercings/ nail poish/ makeup is removed prior to your admission.

-Please do not bring any valuables with you as the hospital does not take any responsibility for them.

After surgery

After the operation you/ your child will be transferred to the recovery room and then to the ward and will require to stay in hospital overnight. You/ your child will be able to eat and drink once feeling well enough to and when fully alert which is usually 4 hours after your return to the ward. Some dizziness may be experienced initially following the operation, therefore care must be taken when walking for the first time and a nurse may be required to assist you/your child.

After surgery you/your child will be nursed in an upright position of 45 degrees to help fluid drainage not collecting in and around the wound or under the skin. A firm head bandage is placed over the ear. There will also be a small dressing in place underneath this bandage. This dressing may be removed by the doctors the day after surgery or may remain in place until a post operative follow up appointment.

Usually there is packing within the ear canal and surgically created mastoid cavity. Your surgeon will remove this in several days, sometimes 2 or 3 weeks.

Discharge time is usually 10am from the ward. It is recommended that you/your child have someone as carer for 24 hours at home. (Adults) Do not drive for 24 hours after the procedure and care should be taken when using public transport.

After care

- Your doctor will tell you when you can return to normal duties – this is usually in 1 – 2 weeks.
- Do not attempt to clean the ears, especially with cotton buds unless instructed by your doctor
- Keep the ear dry, use cotton wool/ ear plugs/shower caps when showering or bath instead to avoid getting water in the ears
- Avoid swimming until your treating surgeon is happy for you to do so.
- Avoid strenuous activity, heavy lifting, sport for 2 weeks to give the body the best chance to recover.

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