

## **PATIENT INFORMATION SHEET FOR EAR SURGERY**

(Tympanoplasty, Mastoidectomy, Stapedectomy)

### **How do I prepare for surgery?**

Your doctor will perform a preoperative assessment that may include lab work, an EKG, and/or a chest x-ray. For the week prior to surgery, you must not take aspirin or ibuprofen because they increase the risk of bleeding. If you require these or other blood thinners for a medical condition, then be sure that your surgeon is aware of the situation. ***You may not eat or drink anything after midnight prior to the surgery.***

### **What happens during ear surgery?**

**Tympanoplasty:** This procedure is usually performed to repair a hole in the eardrum. The incision may either be behind the ear or sometimes just in the ear canal. The surgeon will use instruments to elevate the eardrum and examine the middle ear space. If there is a problem in the middle ear (such as diseased bones of hearing) then this is usually addressed at the same time. The eardrum is repaired using a piece of tissue from under the skin called fascia. The incisions are closed with stitches and absorbable packing material is placed behind the eardrum and in the ear canal to keep things in place as it heals.

**Mastoidectomy:** The mastoid bone is the prominent hard bone behind the ear. The mastoid air cells are like small sinus cavities that are inside the mastoid bone and connect with the middle ear space. Sometimes there is chronic infection or skin cyst material that involves the middle ear space and the mastoid air cells. In this situation it is best to remove some of the diseased mastoid air cells. The incision is made behind the ear and a special drill is used to remove the disease bone and air cells. This is usually done in conjunction with a tympanoplasty.

**Stapedectomy:** The stapes bone is a tiny stirrup-shaped bone that, along with the other two middle ear bones, allows conduction of sound from the eardrum to the inner ear. Some people have a disease that causes this bone to stiffen and therefore causes hearing loss. The incision is made in the ear canal and the eardrum is lifted up to examine the stapes bone. If the stapes bone is stiff then it is removed and a small metallic prosthesis is put in its place. The incisions are closed and absorbable packing material is placed behind the eardrum and in the ear canal to keep things in place as it heals.

### **What are the benefits of ear surgery?**

Ear surgery is usually performed because there is a hole in the eardrum, chronic infection in the ear/mastoid, a skin cyst (called cholesteatoma) in the ear/mastoid, or because there is hearing loss. The benefit of the surgery is relief of the infection, removal of the skin cyst (if present) and restoration of hearing.

### **What are the risks of ear surgery?**

Ear surgery is considered to be a safe procedure. Most patients recover without any complications and have significant improvement once they are healed. It is possible that the



surgery does not cure or adequately improve the condition. Sometimes additional surgery is required. Often your doctor will be able to tell you ahead of time that a future surgery will be planned in order to treat the disease process. There are important structures in the ear and mastoid that could potentially be damaged. This could result in ringing in the ear, balance disturbance, hearing loss, change in taste sensation, and paralysis of the facial nerve. Fortunately, these complications are very rare.

Texas law requires that we disclose the following risks with ear surgery:

(A) Stapedectomy. (1) Facial paralysis. (2) Diminished or bad taste. (3) Total or partial loss of hearing in the operated ear. (4) Brief or long-standing dizziness. (5) Eardrum hole requiring more surgery. (6) Ringing in the ear. (B) Reconstruction of the auricle for congenital deformity or trauma. (1) Less satisfactory appearance compared to possible alternative artificial ear. (2) Exposure of implanted material with possible need for removal of material. (C) Tympanoplasty with mastoidectomy. (1) Facial paralysis. (2) Altered or loss of taste. (3) Recurrence of original disease process. (4) Total loss of hearing in operated ear. (5) Dizziness. (6) Ringing in the ear.

### **What are the alternatives to ear surgery?**

Sometimes ear surgery is required to remove a destructive disease process (such as cholesteatoma). Most of the time, the surgery is elective. Instead of surgery you may benefit from hearing aids. Our clinic offers a variety of hearing aids at competitive prices and our audiologist would be happy to discuss this option if you are interested.

### **What should I expect after ear surgery?**

Ear surgery is generally performed as day surgery, meaning that you are able to go home on the same day of surgery. You need to arrange someone to drive you home from the hospital. Your ear will be sore and you may have a headache. You will be given pain medicine for this. You will usually have a large gauze dressing that wraps around your head to protect the operated ear. The dressing should be left in place for 24 hours. Then it can be removed and the cotton ball can be removed underneath it. You will have absorbable packing in the ear canal—DO NOT DISTURB THE PACKING IN THE EAR CANAL.

Your ear canal and middle ear space will be full of blood clot and packing material so that your ear will feel clogged for 2-4 weeks. As your body absorbs this material your hearing and feeling of fullness may improve. You may wash your hair 48 hours after surgery but you must keep water out of the ear canal. The best way to do this is to coat a cotton ball with Vaseline and place it in your ear prior to showering.

You will have some blood-tinged drainage from your ear canal for 1-2 weeks after surgery. If necessary you may place a cotton ball to collect the drainage and change it as needed. You will be given antibiotic eardrops to take for 7 days after surgery. Apply the eardrops on top of the packing in the ear canal. You will also be given antibiotic ointment if there is an incision behind the ear. Apply this twice a day and gently wash the incision with soap and water daily starting 48 hours after the surgery. Remember to keep water out of your ear canal.



You should prevent water from getting in your ear canal for four weeks. This can be done with a cotton ball and Vaseline as stated above. You should not submerge your ear in water (such as swimming) for four weeks. If you have to sneeze or cough try to keep your mouth open to prevent ear pressure from building up behind your eardrum.

**When should I call my surgeon?**

Call your doctor immediately if you have:

- Swelling or redness at your incision site
- A lot of bright red bleeding from your ear
- Severe vertigo or dizziness
- Change in mental status
- Any other concerns