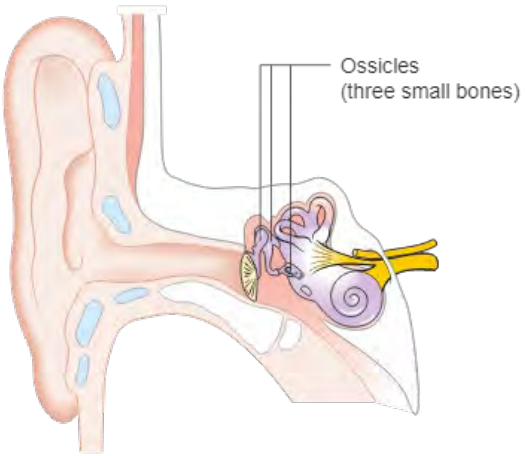
Royal Berkshire NHS Foundation Trust

Ossiculoplasty

This leaflet explains what to expect when an operation on the middle ear called an ossiculoplasty has been recommended to treat your symptoms.

What is an ossiculoplasty?

An ossiculoplasty is a procedure that involves reconstructing damaged ear bones behind the ear drum. The damage can be caused by a number of things; the most likely cause of your damaged ear bones will be discussed by your consultant. The bones transmit sound from the eardrum to the inner ear.



Why do I need an operation?

When there is damage to the bones of hearing, less sound can travel to the inner ear. The aim of an ossiculoplasty is to replace one or more of the bones with an artificial bone to improve your hearing. The artificial bone is usually made out of titanium, plastic or cartilage.

What happens during the operation?

The surgery usually takes 1-2 hours and is normally performed under general anaesthetic (you are asleep). The operation may require either a cut at the front of the ear, behind the ear or the operation may be performed down the ear canal. The ear drum is then lifted to identify the damaged bones, which are replaced by an artificial bone. You may also have your ear drum repaired at the same time if this has been discussed with you, and for some patients this will be as part of a procedure to remove cholesteatoma (a build-up of skin inside the inner ear), if that is one of the causes of your symptoms.

What are the risks of surgery?

- Sometimes, you can get an infection in the operated ear, which may affect the outcome of the hearing afterwards.
- In some cases, there may only be a slight improvement in symptoms and you may feel the hearing in the operated ear is still poor, even if there is some improvement on the hearing test.
- Your hearing won't necessarily be noticeably improved to start with and there is a very small chance of the hearing getting worse or going altogether.
- You may very occasionally experience short-lived (48 hours) vertigo (dizziness). Rarely, this may last longer.
- Most people with tinnitus (hearing noises not caused by sounds coming from the outside world) will notice their symptoms are worse initially (due to the ear packing used after surgery).

- The nerve that supplies taste to the front of the tongue on the operated side runs through the area of surgery and occasionally this needs to be stretched or is cut. If this happens, some people notice nothing unusual, while others have a slight metallic taste at the front of the tongue and others experience decreased sensation and taste. This normally improves over time, especially if the nerve has just been stretched.
- The facial nerve that is responsible for movement of the facial muscles, runs very close to the area of surgery. There have been reports of this nerve being damaged during surgery. This can be temporary or permanent, but this damage is very rare.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said ‘yes’ previously. If you would like more details about our consent process, please ask for a copy of our policy.

Are there any alternatives to surgery?

An alternative to this procedure is wearing a hearing aid. If you would like more information about this, please speak to your consultant.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that you will have no improvement in your hearing loss.

What can I expect after surgery?

- It is common to experience a dull, occasionally throbbing pain in the ear after surgery. If you have discomfort, please take your regular painkillers (such as paracetamol or ibuprofen), following dosage instructions as long as you do not have an allergy these.
- Most patients go home the same or next day. If you have a head bandage on, this will normally be removed before you leave the ward.
- There will often be a yellow antiseptic ribbon in the ear canal to protect things while healing takes place.
- You may experience a squelching sound or popping in the ear when chewing or yawning; this is normal.
- The ear will often leak fluid for several days to weeks after the surgery. This is also normal. Occasionally you may see bright red blood.

Advice following surgery

- Make sure you wash your hands with soap and water before touching the ear or dressing.
- Depending on your surgeon, there may be cotton wool at the entrance to the ear canal. If you have this, you will need to change it when it gets moist with discharge. This may be twice a day immediately after surgery but may be only once a day, a few days after surgery. If the yellow antiseptic ribbon sticks to the cotton wool, then slowly pull the cotton wool off and push the wick back down your ear canal with your little finger. Trim any excess ribbon with a pair of scissors.

- Try to sneeze with your mouth open, and don't blow your nose for the first two weeks after surgery, to prevent build-up of pressure in the ear.
- You should keep the operation site dry until your surgeon tells you that you can get it wet... ask at your post-op appointment. Being able to go swimming depends upon type of surgery and healing speed, so please ask your surgeon. This is usually at least six weeks after the operation.
- **Work / school:** You should expect to be off work/school for 14 days, depending upon how you feel. There are two main reasons for this. The first is that it is important to not move around too much. The reconstruction could slip/move out of place with excessive exertion or activity during the initial healing. Another reason is to try to prevent you picking up a cold when mixing with other people. If you feel up to it, and have the sort of job that allows, you may well be able to work from home (or homework... sorry kids) within about five days. If you need a medical certificate (fit note) for your employer, please ask your nurse before you leave hospital. Further certification can be issued by your GP, if necessary.
- **Activities:**
  - For the first three weeks, gentle activity, e.g. walking, housework only.
  - After three weeks, gentle exercise, bicycle at gym or walking on treadmill, golf.
  - After four weeks, normal gym activity
  - No physical contact sports for six weeks.
- You should not fly for a minimum of six weeks but it may need to be a little longer.
- If you decide to SCUBA dive in the future after this operation, there is a risk that the artificial bone used to replace the hearing bone may move and you may find your hearing gets worse.

Contact the ward if you have any of the following:

- A temperature of more than 38.5C.
- A severe headache not responding to over-the-counter painkillers.
- Severe vertigo (dizziness) or vomiting.
- Facial weakness.
- Any other concerns.

How to contact us

Greenlands Ward Tel: 0118 322 7172 or 0118 322 8101

Clinical Admin Team (CAT1) (Monday to Friday, 9am to 4pm) Tel: 0118 322 7139 or email rbbh.CAT1@nhs.net

ENT Outpatient Department (Townlands) reception: 01865 903274

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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