Mastoid surgery

This leaflet gives you information about mastoid operations, which include: combined approach tympanoplasty, modified radical mastoidectomy and cortical mastoidectomy. Please read it before you go home so that you can have any of your questions answered before you leave.

Feel free to discuss any questions or concerns with your nurse.

What is the mastoid?

The mastoid bone in the ear has a honeycomb-like structure that contains air spaces called mastoid cells.

Why am I having an operation?

Combined approach tympanoplasty (CAT) sometimes called closed cavity surgery and modified radical mastoidectomy, sometimes called open cavity surgery are normally performed for a condition called cholesteatoma.

Cholesteatoma is a condition where skin grows inwards, into a pocket that develops in the eardrum and can either just push into the middle ear or become more extensive and grow backwards from the middle ear into the mastoid bone behind the ear. It does this by eroding the bone of the ear and mastoid.

Surgery is usually advised to remove the cholesteatoma, repair the eardrum and reconstruct the hearing mechanism. The aim of the operation is to give a safe, dry and hearing ear.

The CAT is often a two (rarely, more) stage operation separated by a 9-12 month period.

What are the benefits of surgery?

The main aims of the surgery are, in order:

1. To make the ear “safe”.
2. To stop the ear from running.
3. To make the hearing as good as possible.

What are the risks of surgery?

As with all surgery, there are some associated risks. The risks are by and large the same as if the disease is left untreated.

1. The hearing may be worse after the surgery or very rarely it may go altogether. In the two (occasionally more than two) stage (closed cavity) operation, the hearing is usually worse after the first operation and the chain of hearing bones are rebuilt at the second operation if there is no sign of further disease.
2. Taste disturbance: an altered or decreased sense of taste at the front of the tongue on the operated side can occur because one of the taste nerves runs through the middle ear. This normally becomes less noticeable over the course of a year.
3. Dizziness occasionally occurs in the few days after surgery but rarely lasts more than a week.
4. Tinnitus: If tinnitus is present before the surgery it may improve after but occasionally it becomes worse. Rarely, it occurs for the first time after surgery.
5. Infection. Cholesteatoma is, by its nature, infected. Occasionally, the operation site can be infected post operatively and may increase the time taken for healing.
6. Numbness of the top of the ear. There is often some decreased sensation at the top of the ear which improves over time. This is because the nerve supply to the top of the ear is normally interrupted by the skin incision. Most people do not find this a problem.
7. Facial weakness. The nerve supplying the face muscles runs through the middle ear, normally in a bony channel. If the disease has damaged the bony channel or the nerve runs in an abnormal position or the bony channel has not developed fully then the nerve may be damaged causing a degree of facial weakness. This is very rare and there is less than a 1% chance of damage.
8. Leak of CSF. CSF is the fluid that surrounds the brain. Sometimes the disease erodes the bony partition between the top of the mastoid and the brain. This can leave the thick fibrous lining over the brain (the dura) exposed. Very rarely the dura is damaged while drilling and a leak of the CSF can occur. This would normally be repaired at the time of injury. The chance of a CSF leak is less than 1%. A small number of this 1% of patients who develop a CSF leak could develop meningitis, which would need antibiotic treatment.

We wish to emphasise that the potential risks and complications mentioned above are unusual but we believe it is essential to tell you about these rather than have you develop a complication without having been forewarned. If you are unclear about any of the information covered in this leaflet or if you are unclear about any other details of your operation, please ask your surgeon. It is important to remember that once you have made a decision about treatment, you can change your mind at any time, even after you have signed the consent form.

What happens during surgery?

The operation will be carried out under a general anaesthetic (you will be asleep) and you will stay in hospital overnight.

The surgery is performed by making a cut behind the ear about 1cm behind the crease as it attaches to the side of the head. This is closed with dissolving stitches which are under the skin.

What happens after surgery?

When you come around from surgery you will have a bandage on your head which will be removed the following morning. Good news… normally the pain is not too bad and Paracetamol is usually a strong enough painkiller. You will normally go home the morning after surgery.

There will be a yellow antiseptic wick (a piece of gauze material) in the ear canal to protect things while healing takes place.

There is often a squelching sound or popping in the ear when chewing or yawning; this is normal.

Advice following surgery

- There will be cotton wool at the entrance to the canal; you need to change this 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 wick sticks to the wool then slowly pull the wool off and push the wick back down your ear canal with your little finger. Trim any excess wick with a pair of scissors.
  Make sure you wash your hands with soap and water before touching the ear or dressing.
- 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 …sniff if you need to.
- You should keep the operation site dry until your surgeon tells you that you can get it wet… ask at your post-op appointment. When washing hair an empty clean yoghurt carton, or similar, can be put over the ear and it is easier if there is someone to help you. Being able to go swimming depends upon type of surgery and healing speed, so please ask your surgeon.
- Work/school: You should be off work for 7 – 10 days, depending upon how you feel. One of the main reasons 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 5 days. If you need a medical certificate for your employer, please ask your nurse before you leave hospital; otherwise, your GP can give you one.
- Activity:
  - For the first three weeks, gentle activity e.g. walking, housework only.
  - After 3 weeks, gentle exercise, bicycle at gym or walking on treadmill, golf.
  - After 4 weeks, normal gym activity.
  - No physical contact sports for 6 weeks.
- You should not fly for a minimum of 6 weeks but it may need to be a little longer. Discuss with your surgeon.
- Contact the ward if you have any of the following:
  - A temperature of more than 38.5^{o} C.
  - A severe headache not responding to over-the-counter painkillers.
  - Severe vertigo (dizziness) or vomiting.
  - Facial weakness.
  - Any other concerns.

Follow-up

You will normally have a follow-up appointment approximately 2-3 weeks following surgery. We will send you a letter in the post confirming the date of the appointment.

I confirm I that I have read the above and have discussed any queries with the surgical team.

Name: _____

Signature: _____

Date: _____

How to contact us

- Dorrell Ward 0118 322 7172
- ENT outpatient department 0118 322 7139
- Lion Ward (children) 0118 322 8105
- Appointments 0845 900 7000

For further information about the Trust, visit www.royalberkshire.nhs.uk

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