

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Exploratory Tympanotomy with Ossicular Reconstruction

Definition

Tympano = indicates a connection with or a relation to the tympanum or ear drum

-tomy = a cutting operation

Ossicular = a small bone or bony structure; especially any of three small bones of the middle ear including the malleus, incus, and stapes

Reconstruction = repair of an organ or part by reconstructive surgery

Purpose of Procedure

The reason for this procedure is to improve hearing and/or remove any recurrent cholesteatoma.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision in the ear canal. The eardrum is then lifted up to evaluate the structures behind the eardrum. A microscope is used for better visualization. The ear bones are then checked for mobility and continuity. If necessary, any regrowth of cholesteatoma is carefully removed. Disconnected ear bones are reconnected using either rotation or relocation of the patient's own tissue or a manufactured prosthesis. Gelatin sponge is placed in the middle ear. The eardrum is then returned to its normal position. More gelatin sponge is placed on the top of the eardrum to hold everything in place. A cotton ball soaked in antibiotic ointment and a band-aid is then used to protect the ear.

Post Procedure

Following the operation the ear should be kept dry. Blowing your nose is not allowed. Sutures, if used, will be removed on week later. Follow-up appointments will be on a regular basis until healing is complete. This may take from 4 to 6 weeks. Any discomfort will be managed with pain medication. Antibiotics may be used if infection is noted.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This operation should improve hearing and reduce the chances of regrowth of the cholesteatoma if any was present. There is a possibility that a second operation may be required if an improvement in hearing is not maintained or if complete removal of the cholesteatoma was not possible.

Possible Complications of the Procedure

This procedure is safe, however, there are uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Injury to the nerve that is partly responsible for the sensation of taste
- A hole in the eardrum that does not heal
- Injury to the inner ear causing dizziness, hearing loss, or ringing (tinnitus)
- Persistent or recurrent infection
- If a manufactured prosthesis is used, there is a slight risk of erosion through the eardrum

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).