

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.*

Mastoidectomy

Definition

Mastoid = a bony process off the base of the skull that is composed of air cells
-ectomy = surgical removal

This procedure involves making an opening into the mastoid, which is a collection of air cells covered by bone. It is located behind the ear.

Purpose of Procedure

There are several reasons why this procedure is done.

- to remove abnormal tissue caused by chronic infections behind the eardrum that fail to respond to antibiotic therapy
- to prevent extension of the infection to the brain or inner ear
- to prevent complications of the abnormal tissue such as permanent hearing loss, dizziness, weakness or paralysis of the face

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 behind the ear and the mastoid bone is exposed using retractors. Using a drill, the surface of the bone is then removed to expose the abnormal tissue. Great care is taken to avoid injury to the covering of the brain, the nerve that moves the face, the inner ear, and major blood vessels in the area. This is all done using a microscope for better visualization. Once the abnormal tissue is removed, the connection between the mastoid and the middle ear is opened. Once the cavity is cleaned out, the area may be closed completely with sutures. A drain may be inserted to handle any drainage that may occur. A dressing is placed over the ear.

Post procedure

The dressing is changed daily and the drain will be removed when drainage is insignificant. If the operation is done for chronic infection, an antibiotic may be prescribed for up to 2 weeks. Do not allow any water to enter the operated ear until your physician has given approval for this. Any discomfort will be managed with pain medication. Returning to your normal activities is dependent on your level of pain. Strenuous activities should be avoided until healing is complete. This can take

up to 2 weeks.

Postoperative 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 result in a safe dry ear with preservation of hearing. Any discomfort will be managed with pain medication. You may experience temporary problems with balance. Hearing may be reduced depending on the severity of the initial problem.

Possible Complications of the Procedure

Mastoidectomy is safe, however, there are uncommon risks associated with the procedure. 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.

These are rare, but increase in likelihood with the severity of the disease process being treated:

- Injury to the nerve that moves the face causing facial weakness or paralysis
- Injury to the inner ear causing either dizziness, hearing loss, or ringing (tinnitus)
- Leakage of fluid from around the brain
- Bleeding from the large vein that runs between the mastoid and the brain
- Taste disturbance
- Persistent or recurrent infection

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).