

## 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.*

### Stapedectomy

#### Definition

Stapes = one of the ossicles (bones) of the middle ear

-ectomy = surgical removal

This procedure involves lifting up the eardrum to evaluate the mobility of the ear bones. If the innermost ear bone, or stapes, is not mobile, it is either partially or totally removed or replaced with a prosthesis.

#### Purpose of Procedure

The reason for this procedure is to improve hearing.

#### 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. Before this is done, a local anesthetic is injected in the ear canal and in the area from which the graft will be taken. The eardrum is then lifted up to evaluate the structures behind the eardrum. A microscope is used for better visualization. In order to improve access to the stapes area, a portion of the bony ear canal is removed using a drill or other instrumentation. The nerve that supplies the sensation of taste to the tongue is moved out of the way. Once the stapes is well visualized, a small hole is made in the footplate, which is the connection between the ear bones and the inner ear. A measurement is taken to determine the length of the prosthesis. The top of the stapes is separated from the ear bone next to it. A small tendon is also separated from the stapes. The outer portion of the stapes is then removed. The hole in the footplate is enlarged either with instrumentation or a laser. This hole is then covered with tissue taken from various locations depending on the preference of the surgeon. The prosthesis is carefully placed between the second ear bone and the tissue graft and pinched into position. Gelatin sponge is placed around the graft site. The eardrum is then returned to its normal position and gelatin sponge is placed over the incision in the ear canal.

### **Post Procedure**

Following this procedure, depending on the method used, you will be expected to keep the affected ear turned up for a period of time. Sudden or strenuous movement may cause dizziness. Nose blowing and water exposure are not allowed until healing is complete. This may take two to four weeks. Any discomfort will be managed with pain medication. Antibiotics will be prescribed. Lifting or bending should be avoided until instructed by your physician. Follow up appointments will be necessary until healing is complete. 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 procedure should improve hearing. Some improvement will be noted immediately with the final results occurring after the patch on the footplate has completely healed and after the gelatin sponge has completely dissolved.

### **Possible Complications of the Procedure**

This is a safe procedure, however, there are uncommon risks that may be 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. This may cause a diminished or bad taste.
- A hole that doesn't heal completely that may require more surgery.
- Scarring of the eardrum that may cause a reduction in hearing.
- Infection
- A more significant complication would be dizziness, ringing or a reduction in hearing because of injury to the inner ear or the patch not sealing. The hearing loss may be permanent.

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).