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.***

Tympanomastoidectomy

Definition

Tympano = indicates a connection with or a relation to the tympanum or ear drum
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. In addition, the eardrum is repaired and hearing is restored by reconstruction of the sound transfer mechanism, if necessary.

Purpose of Procedure

The reason for this procedure is to remove an abnormal growth of skin called a cholesteatoma to prevent its progressive erosion into either the inner ear or the brain. If removal is not totally possible without increasing the chances of permanent nerve related hearing loss, then making a cavity large enough to allow periodic removal of the buildup of tissue is necessary.

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 or in the ear canal. Local anesthetic is injected to help control bleeding and to temporarily reduce post-operative discomfort. Using retractors the mastoid bone is exposed and the surface is removed. 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. The extent of the cholesteatoma is determined and removed if possible without risking damage to the inner ear. If all the tissue can be removed safely, then a graft taken from the covering of the temporalis muscle is used to line the cavity and repair the hole in the eardrum. If total removal is not possible, then the portion of the tissue that cannot be safely removed is left in place to act as a skin graft. If the outer two bones of the middle ear are involved in the cholesteatoma they will need to be removed unless the involvement is minimal and can be completely removed. This cavity is left open to the outside for routine cleaning. Hearing

reconstruction can either be done at this point or in a future operation depending on the extent of the disease. Packing is placed in the ear canal and the mastoid cavity for up to three weeks. The opening is then closed using suture material. A pressure dressing is placed over the ear.

Post Procedure

Following the procedure, the dressing is changed daily until drainage is insignificant. Any discomfort will be managed with pain medication. Follow up is weekly with sutures removed one week later. Partial packing removal is done at each visit. Antibiotics may be used if infection is noted. Follow ups will be determined by your physician depending on how the healing is progressing. Blowing your nose and exposure to water are not allowed. It may take up to two months for healing to be complete. Return to your normal activities is dependent on your level of pain. You may experience temporary problems with balance. Strenuous activities should be avoided until advised by your physician.

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 result in a safe dry ear, and if possible, hearing improvement. Depending on the extent of the disease, a second procedure may be recommended within six months to one year as a repeat exam to make sure the cholesteatoma is not returning in the areas that are covered by the eardrum. At this time, attempts at improving the hearing may be made. Hearing may be reduced depending on the severity of the initial problem.

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.

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

- Injury to the nerve that moves the face
- Injury to the inner ear causing either dizziness, hearing loss, or ringing (tinnitus)
- A hole in the ear drum that does not heal
- Leakage of fluid from around the brain
- Bleeding from the large vein that runs between the mastoid and the brain
- Change of taste sensation on operated side
- 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).