

Mastoidectomy

Introduction

The following booklet aims to give you an idea of what will happen to you and how long you can expect to be in hospital.

What is a mastoidectomy?

A mastoidectomy is an operation to remove diseased tissue and bone from the middle ear.

Why do I need an operation?

If left untreated, the hearing may become worse and the ear will continue to discharge. Some types of middle ear disease can lead to serious complications; however, the operation is performed to prevent this and to make the ear 'safe'.

What will happen?

Prior to your admission you will be asked to attend a pre-assessment clinic. This can be done over the telephone or in person. It usually involves a short health questionnaire and review of any medications you take. It may be necessary to have some blood tests and an electrocardiogram (ECG).

BEFORE THE OPERATION

What happens before the operation?

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six

hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will be putting you off to sleep will come and see you, ensure your fitness for the general anaesthetic and explain what he is going to do.

You should have a bath or shower before coming into hospital and wash your hair. Before going for your operation you will need to remove any make-up, jewellery (except wedding rings which will be taped), contact lenses and false teeth.

You will wear only a theatre gown for your operation. However you may keep your underpants on if they are made of cotton.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre; if you are unable to do so, we will take you on a wheelchair or trolley. You may wear a dressing gown and slippers to the anaesthetic room, nursing staff will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

NB. It should be noted that, apart from your bedside locker, the Hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept any responsibility for anything lost or stolen whilst you are a patient.

What about the anaesthetic?

The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable but modern anaesthetics are very safe and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side-effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness (these can usually be treated and pass off quickly).
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary difficulty speaking.
- **Extremely rare and serious complications** (risk of fewer than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice-box. These are very rare and may depend on your whether you have other serious medical conditions.

THE OPERATION ITSELF

What happens during the operation?

Whilst you are asleep in theatre a little hair may be shaved from around your ear. The surgeon will make an incision (cut) close behind or in front of your ear to give better access to the diseased area. The diseased area of bone and tissue will then be removed, leaving a clean mastoid cavity.

The surgeon will usually pack your ear with a special dressing. You will have stitches either

behind or in front of the ear. Usually these are dissoluble.

The dressing in your ear will remain in place for 2-6 weeks, and then will be removed in the outpatient clinic where the ear will be checked.

It is common to have a bigger bandage put on, that is wrapped around the head and covers the whole ear, this may be removed the day after surgery when you are at home. If it comes off earlier do not worry, it does not need to be replaced.

AFTER THE OPERATION

What happens after the operation?

- Immediately after your operation, you will wake up in the recovery room with a nurse looking after you.
- The nurse will make sure that you are comfortable and not in pain. You may or may not have a drip in your arm. This will depend on what the anaesthetist feels you require after your operation.
- When you are awake enough, a ward nurse will accompany you back to your bed. Usually you will feel like sleeping or resting quietly for a few hours after your operation.
- Once you are back in your bed you will only be disturbed when we need to check your blood pressure, pulse and any other observations that may be necessary.
- Later you may drink and eat a light diet as you feel able, unless you are feeling sick or are otherwise advised. If you feel sick, please ring the call bell and inform a nurse.
- Some degree of dizziness is common after this operation but can be helped with anti-sickness tablets or an injection. You will be advised not to move your head around too quickly as this can also make you feel giddy; however, this is not usually very bad and does not last for more than a few days.

- Some discharge from the operated ear is normal, although you will not notice this at first because you will probably have a bandage over your ear and around your head for the first 12-24 hours after your surgery. This is used to add pressure to the wound and helps to ensure that the ear itself is held in a good position to heal.
- You will be offered painkillers if you require them as you may have a sore throat and, occasionally, earache after your surgery.
- Mastoid surgery is normally performed as a day case procedure, this means you will be able to go home on the same day as your operation. On discharge from the ward, you will be sent an out-patient appointment for 2-6 weeks for removal of the ear dressing and to be reviewed by the doctor in ENT out-patient clinic.

NB. Following a general anaesthetic, it is advised that you refrain from smoking during the post-operative period. Reducing or stopping smoking will also improve tissue healing significantly and you will have a better outcome from your surgery.

THE DAY AFTER THE OPERATION

- A letter will be sent to your GP so they are aware of your operation.
- You will be advised to take it easy at home, and try not to over do things, as the combination of surgery and the anaesthetic can leave you feeling a little weak for a few days.
- It is important to keep the ear dry. If you have left hospital with a head bandage in place this can be removed the day after surgery. It is vital the dressings within the ear canal are not removed and remain in place until your follow up appointment. It is common to have some bleeding or fluid discharge from the ear over the following 3-4 days, simple gauze dressings or towelling can be used to absorb this discharge.
- If you experience any problems with regard to your surgery, you can telephone **Otter Ward** on **01392 402807** for advice, or contact your own GP.

We expect you to make a speedy recovery after your operation and to experience no serious problems. However, it is important you should know about minor problems which are common after this operation and also about more serious problems which can occasionally occur. The next section "*What problems can occur after surgery?*" describe these and we would particularly ask you to read this.

What problems can occur after surgery?

- Dizziness can occur but is usually short lived. Rarely it may last and require other treatment.
- Tinnitus (ringing in the ear) can be a complication of surgery.
- Discomfort can be treated with painkillers.
- Bleeding is common after mastoid surgery. Many people notice a small amount of blood coming from their ear for a few days afterwards. The dressing in the ear is soaked with antiseptic and this can also appear to cause a slight brown discharge from the ear for a few days.
- Mastoid surgery will result in a scar, but this is rarely problematic.
- Total loss of hearing is rare. After a mastoid operation, some patients will have slightly worse hearing, which is permanent. If possible, attempts may be made to improve hearing, although this may require a further operation. Damage to the facial nerve which passes through the ear canal can result in weakness of one side of the face, but this is also a rare complication.

What are the benefits of surgery?

The benefits are to make the ear safe from complications of cholesteatoma (cyst-like mass of cell debris), to possibly improve hearing and to prevent further discharge from the ear. It will also prevent the cholesteatoma from expanding and damaging nearby important structures such as the inner ear and nerves supplying the facial muscles.

Are there any alternatives to surgery?

The alternative to surgery is regular observation of the ear with cleaning in a hospital clinic – this will not cure the underlying problem and is not recommended in the majority of cases.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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