ENDOLYMPHATIC SAC SURGERY

Risks, Complications and Post-operative Instructions

Saccus endolymphaticus surgery is undertaken to eliminate the vertigo of Meniere’s disease (endolymphatic hydrops, ELH) and is performed via an incision behind the ear. The surgery removes much of the mastoid air cell system, exposing the endolymphatic sac that lies medially. Exposure of the sac is beneficial in the large majority of ELH cases, but the exact mechanism is uncertain, as is the actual cause of the hydrops condition itself.

More information

- Inner Ear Conditions
- Endolymphatic Hydrops / Meniere’s disease

RISKS AND COMPLICATIONS

Hearing

The surgery aims for the best possible hearing outcome (80% of cases), but this is sometimes not achieved, due to continued disease or, rarely, during surgery.

Rarely, hearing may be lost as a result of the surgery. Also, although many cases have ringing (tinnitus) in the ears before surgery, this may not be eliminated and can be worse in a minority.

Commonly there is temporary hearing loss after surgery, due to blood clot within the ear.

Dizziness

Balance upsets due to this surgery are rare. Fortunately this generally fades, perhaps over a two month course. Persistent hydrops occurs in 20%. The cause of this persistence not known and if severe, removal of the inner ear mechanisms may be required.
Facial Nerve Paralysis

Even in expert hands paralysis of the side of the face may occur for a variety of reasons in ear surgery, in perhaps every 1-1000 cases. Paralysis may last several months and then recover completely or partially. Temporary paralysis may also occur from local anaesthetic injection, lasting a few hours and then recovering. Eye irritation from these incidents may require an ophthalmologist’s care.

Infection, Pain

The nature of surgery predisposes to general surgical risks but fortunately the ear is generally not troubled by these problems to a severe or prolonged extent.

It is common for the upper ear to feel numb for up to two months.

Uncommonly, a collection of blood may form under the wound. This may cause more noticeable swelling and discomfort. Please notify us at 07 38397677 if you have concerns.

POSTOPERATIVE INSTRUCTIONS

Surgical wound site

A head bandage applied at surgery will be removed before discharge from hospital. Keep the wound dry for a week, at which time you will have an appointment to have the sutures removed. The site may be washed thereafter. Normally a degree of swelling may cause the ear to be more prominent. This fades over two weeks.

Bruising is common, around the ear and in the neck.

Antibiotics will be prescribed and provided prior to discharge. Take these as directed on the packet. Sometimes diarrhoea may occur; consult your pharmacist re medicine for this, but continue the antibiotics and take probiotics to help settle matters.

Pain, Discomfort

Analgesics will be given both in hospital and supplied at discharge. Pain after ear surgery is normally limited, but if concerned contact us for advice. When an incision has been performed behind the ear, some intermittent stabbing type pain may be experienced; this fades in a few weeks. Nausea may occur, especially if hydrops persists, but advise our staff if you require medicine for this.
Activities

- Rest well after surgery; recovery varies from person to person.
- Return to work when well; this is normally after a few days, unless dizziness or other problems intervene. As 20% of cases have further hydrops, be on the lookout for any such problems.

Our goal with the surgery is to deliver the best results with the greatest certainty and minimal distress. But in surgery there are no guarantees of success. If you have had a lesser result after surgery, we will do our best to treat the problem, hopefully overcoming this.

Please let us know at Queensland Otology if you have any concerns or questions, whether before or after:

Contact Numbers

Business Hours: (07) 3839 7677
After hours: (07) 3261 9570