LABYRINTHECTOMY SURGERY

Risks, Complications and Post-operative Instructions

Labyrinthectomy surgery is undertaken to eliminate the vertigo of Meniere’s disease (endolymphatic hydrops) and is performed via an incision behind the ear. The surgery removes the organ of balance (the semi-circular canals of the inner ear) that causes the spinning vertigo typical of the disease. It may also be performed to eliminate “drop attacks” – sudden collapse episodes that may complicate hydrops. The surgery is performed through a small “C-incision” on the rear of the ear itself and takes approximately one half hour.

More information

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

RISKS AND COMPLICATIONS

Hearing

Hearing in the operated ear is lost as a result of the surgery. If the other ear has excellent hearing, a bone conduction implant (Med El Bonebridge) may be utilised at the same time and through the same incision. If the other ear has lesser hearing, especially if hydrops has affected that side, a simultaneous cochlear implant in the labyrinthectomy ear may be feasible.

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

Dizziness

Balance upsets due to this surgery are expected, taking the form of dysequilibrium (unsteadiness on movement). Fortunately this generally fades, perhaps over a two month course, but may persist longer, especially in the older age group and may require expert rehabilitation physiotherapy.
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. Congenital ear surgery not uncommonly encounters the nerve in an aberrant position, requiring extra vigilance on the part of the surgeon. 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.

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. 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.
- Coping with balance difficulties can be troublesome, but avoid excessive sedentary situations. Remain active, within one’s comfort zone.
- Return to work when well; this will depend on one’s balance and overall well being - very much an individual situation. Note that the subsequent dysequilibrium is a result of loss of function. It takes time to recover; the process is partly dependant on the use of one’s intellectual centres to compensate, therefore avoid stress situations as much as possible (friction, finance, rapid movement, decision-making, fatigue, worries etc.). Support company is frequently desirable for several weeks.

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 is 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