STAPEDECTOMY

Risks, Complications and Post-operative Instructions

Stapedectomy is performed to overcome the fixation of the stapes bone at the entrance to the middle ear, to restore hearing as best as possible.

The surgery is some of the most delicate in otology and as with any surgery the gains also incur some risks. Importantly, keep in mind that surgery is not infallible; you may not benefit from the surgery and it is possible that the hearing may instead deteriorate. We hope that the information below will aid you in understanding the risks but also the expected results from your procedure.

More information

- Otosclerosis
  - General
  - Surgery
  - Atypical Situations
  - Surgical Complications

Hearing

Otosclerosis is prone to unpredictable pathology. We achieve optimal success rates in over 95% of cases. However, some cases will not gain the desired result. Many of these will benefit from second surgery, but a small minority will not, especially if nerve damage has occurred. Also, in some otosclerosis cases the nerve function may gradually decline over many years. This may require more advanced surgery (cochlear implantation) in this minority.

Generally, the hearing takes perhaps 1-2 months to fully recover after tympanoplasty surgery. Gurgling, crackling, echoing or hollow sounds are indicative of a good outcome.

Dizziness

Balance upsets after this form of ear surgery is common, usually mild, but the ear is an organ of balance and this problem cannot be totally excluded, although it clears rapidly in most patients.
Ringing

Before surgery, tinnitus (ringing or buzzing) is a problem in many ear surgery patients, due to the causative disease. After surgery it is common for this to become louder temporarily, as the ear is shut off from extraneous noises, but generally fades as hearing recovers after the surgery. As with dizziness, a very tiny percentage of patients experience lingering louder tinnitus after surgery if complicated disease removal traumatises the nerve of the ear, which may be unavoidable.

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.

Drum perforation

Generally in stapedectomy cases, drum healing is uneventful, but perforations may occur requiring limited revision surgery to overcome the problem, which is fortunately relatively rare.

Taste Disturbance

The chorda tympani is the nerve that provides taste sensation to the side of the tongue. It passes across the field of surgery in many ear disease cases and not uncommonly is bruised or cut in the course of the procedure. Taste disturbance occurs in about 10% of cases and this may last for up to 12 months, a few remaining permanent, sometimes with slight dryness of the mouth.

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.

Normally antibiotics are given at discharge, to be continued for several days.
POSTOPERATIVE INSTRUCTIONS

Subsequent to stapedectomy, we ask that you stay overnight in hospital. As individual response to the surgery is unpredictable with respect to nausea, dizziness or other medial aspects that require care.

Notify us if you have concerns regarding:

- Loud tinnitus humming, buzzing, ringing (some will be evident at day 2)
- Distressing dizziness, unsteadiness
- Troublesome nausea, vomiting
- Abnormal or distressing pain

At discharge pain, nausea, and antibiotics are prescribed.

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.

Activities

- Rest well after surgery; recovery varies from person to person.
- You should not drive home, but rather go with family or a carer. Avoid long distance travel until sure of your well being.
- For the first week it is advisable to undertake routine activities but avoid exertion or straining, particularly when bending. Squat rather than bend to retrieve objects. During this time avoid lying on the operated side, if possible, and avoid allowing water into the ear for thee first two weeks.
- During the first week some bloodstained fluid may seep from the ear. When seen again after one week the ear will be cleaned and this will cease. Notify any foul discharge or persistent ear pain during this period.
- Tinnitus is common during the first week, commonly noted around the two day mark. Normally, this is not a concern.
- Avoid air travel or earplug use for one month. Also forcing air into the ears or obstructed sneezing.

Our goal in otosclerosis cases 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