

RADICAL MASTOIDECOMY

(OPEN CAVITY, CANAL WALL DOWN MASTOIDECTOMY)

Risks, Complications and Post-operative Instructions

For many years, cholesteatoma (an infected sac or cyst of skin in the middle ear) has been treated by clearing the contents of the middle ear to ensure complete removal of the disease. Cholesteatoma potentially threatens vital structures in and around the ear; complete clearance in this manner seeks the safest route to eliminating these threats, particularly in situations where follow-up is difficult, expensive or unreliable.

In open cavity surgery, the mastoid air cells are completely cleared from behind and above the eardrum site, and the intervening bony wall of the canal is drilled away. Opening the exenterated mastoid bone into the external ear canal permits residual disease problems to be treated or cleared via the external auditory canal.

At the surgery the drum and chain may be repaired to enhance the final hearing outcome

However by removing/taking down the posterior canal wall to thus exteriorise the interior of the mastoid, the ear is placed at risk of complications in a proportion of cases. These problems arise from destruction of much of the blood supply to the cavity, and also failure of the cavity to self-clean. These aspects may result in chronic ischaemic changes, debris accumulation and infection, leading to perpetual discharge and discomfort, necessitating ongoing care or revision surgery. This was the reason for the development of the alternative intact canal wall techniques that were developed subsequently.

More information

- [Open Techniques](#)
- [Mastoidectomy](#)
- [Middle Ear Surgery](#)

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Other Locations

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RISKS AND COMPLICATIONS

Cavity site

Cavity symptomatology occurs in perhaps 20%+ of cases. In a greater proportion, regular cleaning of the site on a perhaps 6-12 month basis is recommended to avoid accumulations of wax and dead skin that may become infected.

If cavity difficulties persist, elimination of this problem by formal mastoidectomy reconstruction now offers a reliable solution to the problem.

Hearing

Together with disease removal, the surgery normally aims for the best possible hearing outcome, but this is sometimes not achieved, due to the extent of disease or other factors, especially ongoing tubal dysfunction. Also although many cases have ringing (tinnitus) in the ears before surgery, this may not be eliminated and can be worse in a minority.

Generally, the hearing takes perhaps 1-2 months to fully recover, if repair of the drum and ossicular chain has been performed. Gurgling, crackling, echoing or hollow sounds during this period are indicative of a good outcome.

Dizziness

Balance upsets after tympano-mastoid surgery are rare, but in some cases of more advanced disease the balance organs are traumatised during removal of disease or similar actions in the course of the surgery. Fortunately this generally fades, perhaps over a two month course.

Residual Disease

Open cavities may become infected and cause problems with discharge, discomfort, dizziness and the need for regular cleaning, If troubled, cavity elimination surgery may be offered.

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. Chronic ear surgery not uncommonly encounters the nerve in a diseased state, 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.

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Drum Perforation

Generally in chronic disease cases drum healing is uneventful, but perforation may occur requiring limited revision surgery to overcome the problem that 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.

When an incision has been made behind the ear, it is common for the upper ear to feel numb for up to two months, before fading

Uncommonly, a collection of blood may form under a wound behind the ear. 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 after 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.

External canal site

The ear bowl and canal will have dressings that may become moist from slight bloodstained discharge. Replace the ear bowl dressings as necessary, but leave canal dressings unmolested until their removal,

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usually 3 weeks after surgery. Until removal of the dressings, avoid heavy exercise, to reduce perspiration moisture within the canal. Removal of dressings is usually brief and pain-free.

Also avoid forced nose blowing or occluded sneezing, as this may dislodge graft material in the ear. Aircraft flight should be avoided for one month.

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. If an incision has been performed behind the ear, some intermittent stabbing type pain may be experienced and which fades in a few weeks. Nausea is less common, 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.
- The ear canal dressings are removed at 2-3 weeks after surgery, and the ear reviewed after that. Audiology is undertaken at two months. Subsequent reviews occur on an individual basis.

Our goal in ear reconstruction 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

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