

MASTOIDECTOMY CAVITY REPAIR

Risks, Complications and Post-operative Instructions

Cholesteatoma is a sac or cyst of skin within the middle ear. The sac commonly becomes filled with dead skin, infected and prone to potentially dangerous complications that include facial paralysis and brain abscesses. Surgery is mandatory to remove the danger, and this is commonly undertaken using an “open cavity” (radical) mastoidectomy method. The resultant defect may become chronically infected, causing continued discharge and discomfort.

The troubled open cavity may be repaired by several methods. For optimal outcomes the canal wall is repaired to restore the ear to its normal dimension, both to recover its self-cleaning ability, and also for better hearing or to permit conventional aid use.

Mastoidectomy reconstruction is undertaken in several steps. Any disease is cleared from the cavity and the remaining middle ear. Enough cavity skin is retained to line the new canal. A vascular flap is created from the soft tissues around the ear to maintain the health of the new canal. The canal wall is repaired with ceramic or titanium sheeting, overlain with the vascular flap and skin.

The hearing is restored by eardrum and ossicular chain repair.

The surgery is undertaken via both the external canal and an incision behind the ear. The latter is sutured at completion, and the external canal packed with fine dressings to maintain the tissues in place.

In a minority of cases, the hearing may have been lost previously, or other factors may render reconstruction inadvisable. In these cases complete closure of the external canal (mastoidectomy ablation) may be recommended as an alternative. In suitable cases this may be combined with the use of implantable hearing technology to restore hearing.

More information

- [Elimination Theory](#)

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Other Locations

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Sunnybank

Mt Ommaney

Caboolture

RISKS AND COMPLICATIONS

Ongoing Disease

Cavity disease may be extensive and difficult to remove. If there is any risk of retained disease, a second operation 12 months later will be recommended to check that the ear is clear of problems. The surgery is successful in eliminating cavity problems, but a small minority of cases may require further procedures or even surgery to correct unexpected difficulties.

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 hearing repair surgery 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.

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.

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.

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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.

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

Please notify us at **07 38397677** if you have concerns.

POSTOPERATIVE INSTRUCTIONS

Surgical wound site

A head bandage applied after surgery be will 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.

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 to canal dressings unmolested until their removal, 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.

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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 Otolaryngology 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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