



## **PATIENT INFORMATION**

# **Mastoid Surgery**

### **What is the Mastoid bone?**

The mastoid is the bony area found behind the ear. The exact function of the mastoid bone is not known but air filled spaces in the bone help to prevent pressure changes in the ear. The mastoid connects to the air space in the middle ear and therefore disease in the middle ear can spread into the mastoid bone.

### **Reasons for having mastoid surgery**

An operation on the mastoid may be indicated when infection within the middle ear has spread to the mastoid bone. The most common cause is called Cholesteatoma.

Cholesteatoma is a sack of skin cells. It usually forms when the ear drum gets pulled in and forms a pocket. The pocket slowly gets bigger, often over a period of years and may cause damage to the little bones in the middle ear. This can result in hearing loss.

The main problem for many patients is the smelly discharge that may occur with Cholesteatoma. But if left untreated, after many years it could destroy your hearing, destroy your balance or damage your facial nerve.

As the ear is close to the brain there is a risk of infection spreading which could lead to meningitis.

The only way to remove this problem is by having it removed surgically.

### **Preparation for the surgery**

You will see your surgeon in clinic to discuss your individual needs and be told about the pending surgery. You will have an assessment of your general health and be given the opportunity to ask questions. The Head and Neck Practitioner will be available for you to ask any further questions you may have.

A hearing test will be done within two weeks of your surgery.

## **How is the mastoid surgery done?**

The surgery is carried out under a general anaesthetic. There are several ways of doing the operation. This is dependent on the amount of disease involved and the surgeon. There are many variations of the surgical procedure such as **mastoideotomy**, **atticotomy** or combined approach **typanoplasty**, all of which could take up to 3 hours or more to perform. An incision is made either behind the ear or just above the ear canal.

The bone covering the infection within the mastoid cells is removed leaving a space which is known as a mastoid cavity. Sometimes the mastoid cavity is left open into the ear canal which helps the ear to be self-cleaning and also helps when inspecting the ear. Some surgeons close this space using bone, cartilage or muscle. The method used will be discussed with your surgeon.

## **How successful is the operation?**

The aim of having mastoid surgery is to obtain a dry, infection free ear. This is achieved in over 80% of cases. In some cases hearing is improved and the likelihood of this success is discussed individually.

## **What complications could occur?**

There are some risks that you should be aware of. These potential risks are rare and will be discussed with you before you sign your consent form.

### **Loss of hearing:**

In a small number of cases hearing may be worse due to the damage in the inner ear from the cholesteatoma. If the disease has eroded into the inner ear, there may be total loss of hearing in that ear.

### **Dizziness:**

Dizziness is common for a few hours following surgery, and this can cause nausea and sickness. On rare occasions dizziness may take time to resolve.

### **Weakness of the facial muscles:**

The nerve that controls the muscle of the face runs inside the inner ear. A rare but potential hazard of this surgery is that the nerve can be damaged during the operation. If this happens the face may lose movement particularly on one side. This is often temporary.

### **Tinnitus:**

Sometimes you may notice noise in the ear particularly if the hearing loss is severe.

## **What happens after the surgery?**

It is important to keep your ear dry when bathing until informed otherwise.

Take gentle exercise for a few days avoiding vigorous activities.  
Avoid sudden head movements or straining and lifting heavy weights

Avoid blowing your nose or sneezing violently. Opening your mouth when you want to sneeze helps.

Change the outer dressing of cotton wool daily.

If you are not given an out patients appointment before you leave the ward one will be sent to you. This will be within three months after your surgery.

Please note that the information in this leaflet is to be used as a guide only.

Each individual's needs will be discussed by the Nursing Staff and Doctors before discharge from hospital.

**If you need any further assistance or advice please contact**

**Head and Neck Practitioner**

**☎ (01803) 655739**

**or**

**Forrest ward**

**☎ (01803) 655507**