

## Follow-up appointment

You will be reviewed by your surgeon usually in the outpatient department 10-14days after your surgery to have the pack removed. You will require long-term reviews. You may also need scans or further surgery depending on your condition.

## Are there any alternatives to surgery?

There may be non-surgical option for treatment in some cases You should discuss this with your consultant.

## Useful Telephone Numbers

- ENT Department, Lister Hospital  
☎ 01438 285113 or 01438 4118
- Day Surgery Unit, Lister Hospital  
☎ 01438 285775 or 01438 285776
- ENT Nurse Specialist (Monday to Friday, 9am - 5pm)  
☎ 01438 314333, bleep 1028  
Mobile: 0778 534 3359 or 0787 639 0290
- ENT Admission Office (waiting list)  
☎ 01438 286836 or 01438 286835

**In an emergency, dial 999 and request an ambulance or attend your nearest Emergency Department.**

NHS 111 can help if you have an urgent medical problem and you're not sure what to do. It is available 24 hours a day, 7 days a week.

☎ 111

**Useful ENT website: [www.entuk.org](http://www.entuk.org)**

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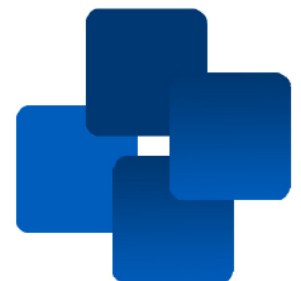
**[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)**

You can request this information in a different format or another language.

## Patient Information

# Mastoidectomy/Combined Approach Tympanoplasty

## Ears, Nose and Throat Department



## What is a mastoidectomy?

A mastoidectomy is an operation to remove some of the bone behind the ear and remove any disease which is harboured there.

## Why have a mastoidectomy?

Surgery is necessary if an ear infection progresses into the mastoid bone. The most common problem is when skin begins to build up from the outer to middle ear; this is called a cholesteatoma.

The cholesteatoma can cause infection which produces discharge leading to hearing loss over a period of time. The pocket of skin can grow larger, leading to erosion of the mastoid bone and other structures. This can lead to serious complication, including hearing loss, imbalance, facial paralysis and, rarely, brain-related infection.

## Combined Approach Tympanoplasty (CAT)

This is the name of the operation to remove cholesteatoma, which is done both through the ear and behind it. The aim of the surgery is to remove disease from your middle ear through the mastoid bone (bony prominence that can be felt just behind the ear) whilst maintaining your external ear canal.

## Procedure and anaesthetic

The operation is done under a general anaesthetic (while you are asleep). It usually takes between three to four hours.

## How is the operation done?

The surgery involves an incision (cut) behind the ear.

Some of the bone behind the ear is removed but the ear canal is usually preserved.

Occasionally, it is necessary to remove the back of the ear canal to leave a cavity connected to the middle ear which allows easy inspection; this is called modified radical mastoidectomy.

Where the ossicles (the bones that connect the ear drum to the inner ear) are damaged and need to be removed in order to clear the disease, they will be reconstructed where possible.

At the end of the operation the wound is closed with dissolvable stitches and packing will be placed in your ear canal which will remain for 2 weeks until you have been reviewed at clinic.

## Benefits of the surgery

The benefit of this surgery is to prevent ear infection and other complications caused by a cholesteatoma.

## Risk and complications

- **Bleeding**
- **Dizziness or vertigo** - you may have this for a few hours.
- **Hearing loss** - hearing can be affected although this is not usually the case. In around 1 in 100 cases the hearing can be lost altogether.
- **Tinnitus**
- **Infection** of the wound or middle ear.
- **Facial nerve damage** leading to weakness of the face. This can be temporary or, in rare cases (1 in 100), permanent and need further surgery.
- **Cerebrospinal fluid leak** - fluid surrounding the spinal cord and brain.
- **Numbness of the ear** - this is very common and is expected, it will recover over several weeks.
- **Taste disturbance** - the taste nerve runs close to the eardrum and may occasionally be damaged. This can cause an abnormal taste on one side of the tongue. This is usually temporary but it can be permanent in 1 in 10 patients.

**Time in hospital** - usually conducted as a day case or an overnight stay.

## Does it hurt?

The ear may ache for a few days, but this can usually be controlled by taking regular paracetamol and ibuprofen.

**Time off work** - Two weeks off work; a sick note will be provided before discharge.

## Post-op care and advice

- You may have a head bandage but this will be removed the next morning.
- Most stitches are dissolvable. Your surgeon will let you know if the sutures (stitches) will need to be removed.
- There may be a small amount of discharge from the ear canal.
- Hair washing is fine after a week. You should keep your ear dry. Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair.
- Avoid flying or diving until your surgeon says it is fine.
- Avoid all moderate/heavy lifting for 2 weeks after the operation.
- Keep wound (operative site) dry for at least five days.
- Only blow your nose very gently.