



Central West Specialists

Ear, Nose & Throat Specialist

MASTOID OPERATIONS

You will have read something about the operation that is required to repair your ear. Mastoid operations are usually needed because a skin cyst has grown into the middle ear. The skin cyst, which is also known as a cholesteatoma, is very destructive – it can destroy the tiny bones in the middle ear, the facial nerve and the hearing and balance apparatus of the inner ear. It can also cause infection in the bone, and this can be potentially serious or life threatening as it sits very close to the brain and may cause meningitis or other serious infections of the brain. It is for these reasons that this skin cyst in the middle ear needs to be attended to, in the vast majority of cases, by a mastoid operation.

There are three aims of the operation:

1. Most importantly, the ear must be made safe so that no further risk is present of dangerous infection.
2. To make the ear dry. Normally the ear would have been discharging, but not in all cases, but the aim of the procedure afterwards is to make the ear dry and trouble-free.
3. Hearing. A gain after this operation is possible, but by no means guaranteed. It is not the main aim of the procedure but a second operation may be done once the area has healed.

POSSIBLE PROBLEMS:

This operation takes 2-3 hours and requires a general anaesthetic. There is some degree of pain afterwards and this can be helped by strong pain relief. It usually only lasts for a few days. The ear will be packed with a dressing so for several weeks afterwards the hearing will be quite poor on this side.

INFECTION – Infection can occur after the operation as the ear is usually full of germs at the time of the procedure. This is usually not a problem, but sometimes some antibiotics may be needed.

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FACIAL NERVE – The facial nerve which supplies the muscles to one side of your face runs right through the ear bone. There is a risk to it during an operation, but with care this is very rarely a problem.

THE NERVE OF TASTE – runs straight through the operative field in this operation. It can be damaged but every effort is made to spare it. If the nerve needs to be divided to allow the operation to be completed, some people notice a slight change in taste on one side of their tongue. However, sometimes it causes no change in taste sensation whatsoever.

DIZZINESS – The cholesteatoma has the ability to erode right into the balance apparatus of the inner ear. Sometimes dizziness will have been present before the operation. It is usually not a problem afterwards as this cyst has been removed, but sometimes some dizziness occurs for several days afterwards and will then settle with time.

HEARING – The hearing may improve after the first procedure. However this must be considered as a bonus as it is by no means guaranteed. Sometimes a second operation maybe necessary once the area has healed and could give quite a good hearing result. In very rare instances the hearing maybe lost completely. This maybe because of the size of the skin cyst, in that it is already destroyed the inner ear to a large degree. However, it can occur in any ear operation and the cause is not known. This risk of this happening is very low, in the order of 1%.

SLOW HEALING – Certainly if a large ear canal is made i.e. a mastoid cavity this will take several months to heal. Most mastoid cavities are completely healed within 6 months , but it sometimes takes longer for the skin to completely grow over the raw surface.

SECOND OPERATIONS – There are two reasons why a second operation maybe needed on the mastoid. If the area does not heal properly sometimes the cavity will need to be revised. This probably occurs in 5-10% of cases. However the main reason for a second procedure is to attempt to improve the hearing, i.e. to rebuild the tiny bones of the middle ear. The success rate of this procedure will depend on the state of the ear drum and the remaining bones. One could reasonable expect a 70% chance of getting useful hearing from this procedure.

If a mastoid cavity has been formed it means that the ear canal is permanently changed in shape. Sometimes wax and skin can accumulate and it would need to be cleaned out. Hopefully the ear will never discharge again, but it is usually wise for the mastoid cavity to be checked at yearly intervals. There are two reasons for this. Firstly to check that the cavity is remaining healthy and secondly to check the other ear as unfortunately sometimes this condition can occur in the other ear as well. If it is picked up early a less operation can sometimes be done.

Mastoidectomy

Post operative care:

There will be five or six stitches behind the ear after the operation which will be removed in one week. There is a yellow dressing in the ear which must stay in place. This will be removed by the doctor two weeks post operatively. During these first two weeks there is often a lot of oozing into the yellow dressing. It is worthwhile having a supply of cotton wool. A small piece can be put over the ear to soak up the ooze. The oozing will gradually settle down and is not a sign of any problem. The ear will heal up over about an eight week period and during this time will be checked every fortnight. Some drops will be provided to help keep the ear clean.

Pain relief and time off work:

The ear is usually quite sore for a week or so after the operation and some strong painkillers such as Panadeine may be necessary. Time off work varies from person to person but you would usually expect to miss two weeks from normal activities. The ear needs to be kept dry until healed entirely.