

Risks of the Operation

While all operations have risks of side-effects, the incidence of side-effects following a mastoidectomy is low.

Infection

Rarely infection may develop in the wound. If so, you will notice increased pain, tenderness with / without discharge. This will settle with antibiotics.

Hearing Loss

Rarely (less than 2%) patients may experience a reduction in hearing after the operation.

Facial Weakness

The nerve that moves the muscles of the side of your face (facial nerve) runs through your ear and the mastoid bone. Very rarely this nerve may be exposed due to infection. If so, the nerve could get injured but this is usually minor and temporary. Severe injuries resulting in a degree of permanent weakness are extremely rare.

This information leaflet is only a guide to mastoidectomy and does not replace a full and detailed discussion with your surgeon, the benefits and risks of the operation and other alternative treatment available.

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Our Services

Adventis ENT Services is dedicated to providing excellence in standards of care to children and adults for all conditions of Ear, Nose & Sinus, Throat & Voice, Head & Neck, Hearing & Speech disorders

The team of Adventis ENT Services is led by Dr Ameet Kishore FRCS(UK), an ENT, Cochlear Implant & Neuro-otologic Surgeon with over 25 years of experience. He has brought together International Experience and Advanced Technology to offer the highest level of patient care and excellence in medical treatment

- Endoscopic & microscopic examination of ear, nose and throat
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- Cochlear Implant and Implantable Hearing device programme
- Endoscopic surgery of nose, sinus & skull base
- Paediatric ear, nose, throat and airway surgery
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- Snoring, sleep apnoea, robotics, lasers and radiofrequency
- Comprehensive hearing testing facility for children and adults*
- Provision for fitting of hearing aids and for Hearing - Speech therapy*

We want you to feel confident that you are working with doctors and professionals who are qualified, experienced and caring to provide you personalised and professional care to improve your quality of life.

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Mastoidectomy

What is a Mastoidectomy?

A mastoidectomy is an operation that is aimed to remove the pocket of dead skin and infection in your ear and mastoid bone (the bone above and behind the ear) and thus stop the discharge. This type of infection is often associated with a hole in your eardrum and/or erosion of the hearing bones in your ear. If so, the operation is combined with a tympanoplasty, which will close the hole in the eardrum and if possible repair the hearing bones (called an ossiculoplasty).

The exact procedure you will undergo depends on the problems you have with your ear, the result of the examination and any investigations performed.

Before the Operation

Before the operation you will have had a consultation with your Ear, Nose & Throat surgeon and would have discussed the various problems you have with your ear, particularly in terms of discharge and hearing. It is during this consultation that your ears would have been examined and you would have had a hearing test. In some instances a CT Scan of your ear is necessary to assess the extent of the infection.

Based on the findings of the above tests, your surgeon would have discussed the various options available to you to help deal with your ear problem. This could include the use of anti-biotic eardrops and/or the fitting of a hearing aid.

If you have decided to have an operation he would have discussed the likely outcomes following the operation. There is usually a good chance of stopping the discharge and thus giving you a dry and trouble-free ear. The improvement in hearing is variable and depends on the condition of the hearing bones in your ear. Sometimes this will require a second stage operation later, once the ear has healed after this first operation. This will be discussed with you in detail.



The Operation

This operation could be performed under local anaesthetic or a general anaesthetic and this will have been discussed with you. You are usually admitted on the day of the operation and expect to be discharged within 24 - 36 hours.

The operation is performed by making a cut either just in front or behind the ear. A drill is used to remove whatever mastoid bone necessary to allow removal of the disease. The hole in your eardrum is closed using fascia (the lining of a muscle beside your ear) or perichondrium (lining of the ear cartilage). If the bones of hearing have to be repaired, this may be done at the same time either using your own bone or a synthetic one.

At the end of the operation the wound is closed with stitches and a dressing (pack) is inserted into your ear canal. A bandage will be applied over your head.

After the Operation

Your ear may be painful, tender and numb for the first few weeks. Painkillers may be taken as prescribed.

It is common for your ear to feel quite blocked due to the presence of a pack as well as blood and dissolvable sponge in your ear. The pack and stitches will be removed one to two weeks after the operation.

You will be asked to use eardrops for a period after the operation. Initially you are advised to instil the drops over the pack. Once the pack is removed, you would continue to use the drops till instructed.

You will also hear crackling and noises in your ear. Sometimes the ear will itch and you are advised not to scratch.

The dissolvable sponge and blood in your ear takes longer to disappear and it may be up to 3 months before you notice a hearing improvement.

Occasionally there may be slight bloodstained discharge from the ear / wound for the first few days. You may use a ball of cotton wool in your ear to soak this.

You may experience slight dizziness or noises for some time after the operation. Occasionally some may notice a change in taste sensation, as the taste nerve runs under the ear drum and can be stretched during the operation.

You could use cotton wool and Vaseline to protect your ear and wound while you wash your hair in the first few weeks after the operation.

Avoid blowing your nose or sniffing for 4 weeks after surgery. If sneezing occurs do so with the mouth open to avoid the build up of pressure in the ear. Exercising, heavy lifting (that requires any degree of straining), and air travel should be avoided for 4 weeks after surgery.

Avoid the Following During the 2 Weeks After Your Surgery

- Do not engage in any strenuous activity, heavy lifting, or bending over.
- Do not blow your nose vigorously for 1 week. You may lightly blow your nose during the 2nd postoperative week. Occasionally you may be given instructions not to blow your nose for longer periods of time.
- Do not resist the urge to sneeze or cough. Instead, sneeze or cough with your mouth open.
- Do not take any supplements or herbal remedies that may increase your risk of bleeding (Vitamin E, Garlic, Ginkgo, Ginger, etc.)
- Limit alcoholic beverages. Alcohol is dehydrating, increases your risk of bleeding, and should not be mixed with your pain medication.
- Avoid cigarette smoking. If you smoke, please do your best to quit or at least significantly limit your cigarette usage. Tobacco smoke is known to adversely affect post-operative healing and increase the risk of anaesthesia.

