

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

Clare Park Hospital

Switchboard – 01252 850216



Information for Patients on

Ear Surgery for Cholesteatoma

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 F 01252 851331

E infosurrey@entpartnership.co.uk www.entpartnership.co.uk

What is Cholesteatoma?

Cholesteatoma is the name for the condition in which skin becomes trapped in the middle ear and the mastoid area. As a result ear infections may occur (pain and discharge), the hearing mechanism may be damaged causing deafness and very occasionally more serious problems may arise including balance disturbance, facial weakness and infections spreading to the brain.

Several important structures are in the middle ear and mastoid:

- The facial nerve – this nerve controls the muscles on the same side of the face that make all the facial expressions. The nerve usually lies in a bony canal that crosses the middle ear and mastoid.
- The hearing mechanism – the three small bones that conduct sound into the inner ear are suspended in the middle ear and mastoid.
- The inner ear and balance organ are in dense bone adjacent to the mastoid.

Before the Operation

You will attend a preassessment clinic and may have a hearing test performed.

If you are taking the contraceptive pill, this should be stopped one month before surgery.

If you have a cold or ear infection, your operation may be postponed.

About the Operation

The operation is carried out under general anaesthetic (fast asleep) and can last between 2-3 hours. An incision is made in the skin behind the ear. The bony surface and the honeycomb like structure of the mastoid is drilled out to clear all the cholesteatoma. This may leave a 'mastoid cavity' opening into the ear canal.

The eardrum also has to be peeled back to gain access to the middle ear and may be repaired at the end of the operation.

The main aim of the operation is to remove all of the cholesteatoma and to stop further damage arising to the ear. It is sometimes necessary to remove some of the bones of the hearing mechanism and this may result in some further hearing loss, although reconstruction may be possible, sometimes requiring a further operation.

The ear canal opening may be enlarged to improve ventilation of the ear canal and access to the mastoid cavity afterwards.

In some circumstances a 'second look' into the ear may be necessary approximately one year after the first operation to ensure complete removal of the cholesteatoma.

The ENT Consultants are

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

After The Operation

A head bandage may be used and it will be removed the morning after surgery.

Any stitches that need to come out will be removed after a week.

An antiseptic dressing will be left in the ear canal and mastoid cavity for several weeks.

You will be able to go home the day after the operation but you will need to rest at home for about two weeks.

Pain – A headache around the ear is normal and you will need pain relief for up to ten days. This will be supplied to you on leaving hospital.

Discharge from the ear – Some discharge, often blood stained, is common in the first few days but then dries up.

Hearing – will be muffled because of the packing in the ear and tinnitus (noises in the ear) is sometimes worsened temporarily.

Balance – is sometimes disturbed but only for a few days.

The ear may stick out a little more and will also feel numb for a few weeks. These problems settle in time. An out-patient appointment will either be given to you when you leave the ward or be sent later on.

Post-Operative Instructions

Stay off work or school for two weeks. If the packing is to remain in the ear for longer than this you may still return to work or school with cotton wool in the ear. You can be given a sick note by the hospital if you need one – please ask for this before you leave the ward.

Keep the ear and scar dry when washing. Cotton wool smeared in Vaseline is an effective ear plug. Avoid swimming until given the all clear.

Change the cotton wool in the ear if it becomes dirty but be careful not to pull the dressing out with it – get someone to help. If some of the dressing is pulled out cut off the bit hanging out; if a whole piece comes out contact the ward.

Minimise pressure changes in the ear – avoid vigorous nose blowing, and sneeze with your mouth open. Do not fly for at least 4 weeks.

Complete any course of antibiotics you are given.

In the longer term mastoid cavities require regular cleaning of wax and should be kept dry when washing or swimming by using an ear plug.

Risks

The structures in the middle ear or mastoid (see above) can be damaged (very rarely) in the operation:

Hearing – some hearing loss may occur from the disturbance to the bones of hearing in the middle ear. Very rarely, disturbance to the inner ear can cause complete deafness that is irreversible (only on the operated side). Tinnitus occasionally is worsened by the operation.

Facial weakness – disturbance to the facial nerve occurs very rarely and would cause weakness of the muscles of the face on the side of the operation. It may be either temporary or permanent.

Balance disturbance – immediately after the operation some unsteadiness may occur. Persisting dizziness is rare.

Infection – can occur at the site of the skin incision or in the mastoid causing increased pain, discharge, swelling and fever; seek attention if you are concerned this may be developing.

Taste disturbance – occasionally this is noticed due to damage to a small nerve that crosses the ear. It is unlikely to be a long-term problem even if the nerve has to be cut in order to perform the operation.

Ear discharge – occasionally a mastoid cavity or ear drum fails to heal completely. This may lead to continued discharge from the ear over the long term.

If any of these problems arise after you have gone home please contact the ward.