

Patient Information to be retained by patient

Canalplasty / excision of exostoses

affix patient label

What is a canalplasty?

A canalplasty is an operation to remove exostoses, which are the bony lumps that narrow the ear canal in Surfer's Ear. Surfer's Ear is caused by exposure of the ear canal to cold over many years. The cold stimulates new bone to grow and so narrows the ear canal.

Why do I need this operation?

When the ear canal becomes very narrow, wax and other debris start to accumulate in it. This can lead to repeated infections of the ear canal, particularly on exposure to water. If completely closed, the blockage can cause hearing loss.

Are there any alternatives?

Prevention of Surfer's Ear by using ear plugs when in the water is always preferable. Even if the ear canal is very narrow, many patients can prevent recurrent symptoms of blockage and infection by keeping water out of the ears with plugs. If infection occurs, it can be treated with microsuction to clear debris from the ear and antibiotic/steroid drops.

How do I prepare for it?

Do not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. You can drink water or a drink without fats in it (eg black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before the operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that this consent form has been completed and signed. If you experience an infection of the ear canal in the weeks prior to surgery, please let your surgeon know; operating when the ear canal is infected can increase the likelihood of complication.

What does it involve?

The operation is done under general anaesthetic. A small incision is made just in front of the ear; this is closed at the end with one or two stitches. The operation usually takes between 1.5 to 2.5 hours. The surgeon will remove the bony lumps from your ear canal using a small chisel and/or drill. When you wake up you will have some packing in your ear. This will stay in for about 2 weeks, until you are seen in the clinic. You may also have a bandage around the ear and head which can be removed in the first 24 hours.

Please note that local NHS waiting list policy indicates that you will be offered no more than two dates for surgery. If you decline these dates you will not be offered another.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General risks

- Pain.
- Infection.
- Bleeding.
- Failure to resolve the problem.
- Anaesthetic – the general risk to a healthy patient of problems arising from an anaesthetic is very small, but serious general medical conditions do occur, despite best efforts to prevent them, such as thromboembolic events (eg blood clots of legs, lungs, brain) and other heart, lung and neurological conditions. The risk of death for a healthy person having non-emergency surgery is not known exactly but is thought to be 1 in 100,000. Risks are higher for those with existing medical problems. We will always take every possible step to keep you safe during your operation.

Risks specific to canalplasty

- Perforated ear drum.
- Damage to the facial nerve, on the side of the operation, that controls the muscles of your face.
- Damage to your jaw joint.
- Hearing loss and/or tinnitus and/or imbalance.

Will I have any pain or discomfort?

You will have some pain following your operation. During the operation and immediately after we will ensure your pain is treated with strong painkillers. We will ensure you have some strong painkillers for the first night. Simple painkillers such as paracetamol and ibuprofen should then suffice over the next 2 weeks. Make sure you obtain a supply of these before your operation.

What happens afterwards?

The operation is usually undertaken as a day case. Following your operation you will need someone to collect you from hospital and stay with you overnight.

You may have a bandage on your ear/head when you wake up. This can be removed before you go home, or may be left overnight for you to remove in the morning. Removing the bandage is straightforward; underneath the bandage is some gauze or 'wadding' that will fall away easily from your skin. The packing in your ear canal should be left (it is yellow in colour). If you have any concerns about this you can ring the ward for advice at any time. You will need to take up to two weeks off work.

Your ear will have some packing in it. We will see you two weeks after the surgery to remove the pack.

Some discharge from the ear is normal whilst the pack is in your ear. If some of the packing starts to fall out, cut it off with a small clean pair of scissors and leave the rest. If it falls out completely, ring the ward for advice.

What should I look out for?

If you have any:

- redness around the wound
- increase in pain
- discharge from the wound or ear

please contact your surgical team or GP as you may have an infection, which may require treatment. Also contact your surgical team or GP if you develop any other unusual symptoms, or signs of complications as detailed in the risks above, particularly during the two weeks following surgery.

When will I get my results?

After the pack is removed we will arrange one other follow-up appointment, usually about 2 months or so after your operation. At this stage the ear should be sufficiently healed for us to let you know the result of surgery, check your hearing and advise when you can return to getting your ears wet. You must keep your ears dry and stay out of the water until the ear has healed; this may mean no surfing or water sports for 2 to 3 months. When you do return to water sports you should wear ear plugs to keep your ears dry and protect them from cold water.

Will I need any follow up?

Yes, at about two weeks after surgery to remove the pack, then about two months after the surgery to check your ear and hearing.

Contact us

If you have any administrative queries, please contact your consultant's secretary via the hospital switchboard on 01872 250000.

If you have any post-operative issues, please contact Kynance Ward on 01872 252829.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Canalplasty / excision of exostoses

_____ side

 NHS number: _____
 Name of patient: _____
 Address: _____
 Date of birth: _____
 CR number: _____

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

To open up the ear canal and relieve blockage and consequent 'ear infections'

Significant, unavoidable or frequently occurring risks:

Wound problems such as haematoma (clot), infection, pain (which may, rarely, persist); recurrence of exostoses and symptoms; perforation of the eardrum (uncommon, approx 1 to 5%). These may be temporary or permanent.

Uncommon but more serious risks:

Worsening of hearing, from mild to total loss (rare, approx 1%); taste disturbance due to Chorda tympani damage (rare, <1%); excessive scarring of the ear drum and ear canal (rare, approx 1%); tinnitus and/or imbalance and/or persistent sense of blockage in the ear (rare, approx 1% to 0.1%); vertigo and/or imbalance (very rare, approx <0.1%). These may be temporary or permanent.

Rare but serious risks:

Facial nerve weakness or palsy (very rare, approx < 0.1%); anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke.

Any extra procedures which may become necessary during the procedure:

- Blood transfusion (required very infrequently)
- Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Canalplasty / excision of exostoses (CHA3763) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: _____ Name (PRINT): _____ Date: _____

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Canalplasty / excision of exostoses (CHA3763) which forms part of this document.

Patient signature: Name (PRINT): Date:

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

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