NHS
Royal Cornwall Hospitals
NHS Trust

Mastoidectomy or combined approach tympanoplasty

affix patient label

What is a cholesteatoma?

This is a 'cyst' of skin cells behind your eardrum. As it gets bigger it grows into the mastoid bone (the bone you can feel behind your ear). It is **not** cancerous.

How does a cholesteatoma start growing?

It is not known what causes cholesteatoma, but in some people glue ear as a child or recurrent ear infections may have played some part. Sometimes you can be born with one, but this is rare and is usually found in early childhood.

Why do I need this operation?

The cholesteatoma can make your ear discharge a fluid that is often smelly and unpleasant, because it easily becomes infected. Having a permanently wet, infected ear puts you at risk of serious infection spreading into your brain (though this is rare – the risk estimated at 1:200 lifetime risk for a young adult). As it gets bigger it will also gradually damage the delicate structures inside your middle ear, which may affect your hearing and balance. The operation is not done to improve your hearing, but to clear infection/discharge and so prevent these serious complications. There are two possible types of operation – a mastoidectomy or a combined approach tympanoplasty. These are discussed further in the 'What does it involve?' section.

Are there any alternatives?

The definitive treatment for cholesteatoma is surgery. However if surgery is not carried out, we would aim to control the recurrent infections due to cholesteatoma by regular outpatient review and microsuction of the ear.

How do I prepare for it?

Try to keep your ear dry prior to the operation. If it is infected, you may need to use antibiotic ear drops for two weeks before your surgery.

Do not eat anything for at least **6 hours** before the 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 the consent form has been completed and signed.

What does it involve?

The operation is done under general anaesthetic and as a day case. An incision (cut) is made either behind the ear or just in front of the ear – this is closed at the end with stitches, often dissolvable. The operation takes between two to three hours. The surgery involves using a drill to enter the mastoid bone, then the cholesteatoma is removed via the mastoid and the ear canal. A mastoidectomy will usually result in a cavity being created which is lined with a new 'skin' graft that can take a month or two to heal. A combined approach tympanoplasty will avoid a cavity being formed but has the disadvantage of needing a second operation usually a year later to check for recurrent disease, which occurs in about 20% of people when using this approach.

When you wake up you may have some packing in your ear. This will stay in for about two 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.

Are there any risks or complications?

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

General risks

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.

Specific risks to this type of ear surgery:

Significant, unavoidable or frequently occurring risks:

- Wound problems such as haematoma (clot), infection, pain (which may, very rarely, persist)
- Recurrence of disease (about 20%)
- Persistence of symptoms such as hearing loss (common) or ear discharge (uncommon).

Uncommon and/or serious risks:

- Perforation of the eardrum (uncommon, about 1 to 5%)
- Taste disturbance due to Chorda tympani damage (persistent symptoms are rare, about 1%)
- Worsening of hearing, from mild to total loss (total loss is rare, about 1%), and/or persistent sense of blockage in the ear.

These may be temporary or permanent.

Rare and/or serious risks:

- Vertigo and/or imbalance (rare, about 1%)
- Facial nerve weakness or palsy (rare, about 1%)
- Tinnitus (rare, about 1%).

These may be temporary or permanent.

Will I have any pain or discomfort?

You will have some pain after the operation. During the operation and immediately after we will ensure your pain is treated with strong pain killers. We will also make sure you have some strong painkillers for the first night. After this, simple painkillers such as paracetamol and ibuprofen should be sufficient over the next two weeks. Make sure you obtain a stock of these painkillers before your operation.

What happens afterwards?

You will need someone to collect you from hospital and stay with you for the first night.

You will be given some painkillers to take home. You will have a scar, either behind or in front of your ear, (the surgeon will usually tell you which before the operation). You will have a bandage over your ear/head when you wake up. This 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.

If you have had a mastoidectomy you will have a pack in your ear. Sometimes after combined approach tympanoplasty dissolvable packing can be used. If you have not been told you can ask what was used in your case. Packing in the ear canal should be left (it is yellow in colour). While the pack is in, you will probably get some discharge coming out of your ear. This is normal and may take up to three months after the operation to settle down completely. You can place a ball of cotton wool in your ear to catch any discharge, if you wish – be careful when changing this, as it may stick to the pack and need to be separated to avoid pulling the pack out. If the pack protrudes out of your ear, use a small clean pair of scissors to snip the end off, if necessary. If you have any concerns about this you can ring the ward for advice at any time. We will see you two weeks after surgery to remove the pack and then again at about 1 to 2 months to check the ear and your hearing.

- Avoid getting the ear wet – often for the rest of your life, or at least until your surgeon says it is safe to do so.
- You will need at least two weeks off work.
- Do not fly for two or three months after the surgery.

What should I look out for?

If you develop any unusual symptoms, particularly during the two weeks after surgery you should notify the surgical team or your GP. Signs of infection such as redness around the wound, increase in pain and discharge from the wound or ear should be notified and treatment may be required. Other signs of complications as detailed in the risks above should also be notified.

Will I need any follow up?

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

Many patients who have had a mastoidectomy will need regular 'clean outs' of their mastoid cavity, otherwise it fills up with wax and debris. This may be needed every three to twelve months. Some patients will be able to be discharged after a period of follow-up of two years.

What is the expected outcome?

Most patients will have a 'dry ear', free from infection. Occasional ear infections may occur, requiring treatment with drops. Following surgery, you will usually need to keep the ear dry with an earplug.

Your hearing is not likely to be improved but your surgeon will be able to discuss this in more detail.

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

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

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

AFFIX PATIENT LABEL

Mastoidectomy or combined approach tympanoplasty

_____ side

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 and summarised the risks, as below:

- *To try to clear the ear of cholesteatoma reducing ear infection and risk of complication from the cholesteatoma and spread of infection.*

Significant, unavoidable or frequently occurring risks:

- *Wound problems such as haematoma (clot), infection, pain (which may, very rarely, persist)*
- *Recurrence of disease (about 20%)*
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Uncommon but more serious risks:

- *Perforation of the eardrum (uncommon, about 1 to 5%)*
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These may be temporary or permanent.

Rare but serious risks:

- *Vertigo and/or imbalance (rare, about 1%); Facial nerve weakness or palsy (rare, about 1%); Tinnitus (rare, about 1%). These may be temporary or permanent.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (rarely necessary)*
- *Other (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: Mastoidectomy or combined approach tympanoplasty CHA3828 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: Mastoidectomy or combined approach tympanoplasty CHA3828 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)

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