NHS
Royal Cornwall Hospitals
NHS Trust

Canalplasty / excision of exostosis

affix patient label

What is a canalplasty?

A canalplasty is an operation to remove exostosis and to reshape the bony ear canal. Exostosis are the bony lumps that narrow the ear canal in Surfer's Ear. The cold water exposure over many years stimulates new bone to form. This condition is known as Surfer's Ear as it is often found in people who regularly surf or sea swim.

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 exostosis 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. This approach may mean surgery is not needed.

How do I prepare for surgery?

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.

Patient copy

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, the approach, the method used to remove the exostosis, or what will happen afterwards. The surgeon may examine you again. They will also check that this consent form has been completed and signed, and place a pen mark around the ear to indicate the correct site of surgery. 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 surgery is completed under general anaesthetic. An incision is made either in front or behind the ear. This is closed with stitches at the end of the surgery. The operation can take between 1.5 to 3.5 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 to 3 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.

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Are there any risks or complications?

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

General risks

- Pain.
- Infection.
- Bleeding.
- Failure to resolve the problem.
- Scarring – surgery without a scar is not possible. Most scars are small and not easily seen. However, some scars can be pronounced (for example in people with abnormal scarring tendencies including hypertrophic or keloid scars). Please talk to your surgeon if you have had abnormal scarring in the past.
- 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. This can result in difficulty closing the eye or mouth. This can be temporary or permanent.
- Damage to your jaw joint.
- Hearing loss and/or tinnitus and/or imbalance.
- Ear canal narrowing or closing off due to excessive scar formation.
- Exostosis can recur and may need further surgery to address symptoms.

Patient copy

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 may be removed before you go home, or may be left overnight for you to remove the following day. 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. This is coated in an ointment. You should expect the ear to feel blocked and moist due to the packing. 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.

You will be seen in clinic 2 to 3 weeks after your operation to have the packing removed from your ear.

Some discharge from the ear is normal whilst the pack is in your ear. This is due to the coating of ointment. Discuss with your surgeon what ear packing has been used, and what to do should any dislodge or fall out of your ear. If you have concerns about the packing, phone the ward for advice.

What should I look out for?

If you have any:

- redness or increasing swelling around the wound
- increase in pain
- green / white or odorous (smelly) 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 know if the operation has been successful?

After the pack is removed we will arrange reviews in clinic. Your surgical team will discuss this with you. It can take a long time for the ear canal skin to heal and frequent clinic reviews may be needed. Once the ear canal is healed, we will 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.

Patient copy

Will I need any follow up?

Yes, at around 2 to 3 weeks after surgery to remove the packing, then on an ongoing basis to check the ear healing. Your hearing will be checked after surgery.

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 Wheal Coates Ward on 01872 252828.

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