

Patient Information

Mastoidectomy

What is a mastoidectomy?

This operation involves an incision behind the ear and drilling through a part of the skull bone called the mastoid to gain access to the middle ear cavity. It is usually performed to treat either persistent or severe infection of the middle ear, or to remove cholesteatoma (a buried pocket of skin cells which can enlarge over time). This general approach is also used in other ear surgery such as surgery on the ossicular chain, procedures for otosclerosis and for cochlear implant surgery.

What is the operation like?

You will be admitted on the day of your surgery and will stay overnight in hospital. Before the operation you will see a member of the surgical team and the anaesthetist. The operation is performed through a cut behind your ear, with you asleep under a general anaesthetic for approximately 2 to 4 hours.

You will wake up in the recovery room with some packing in the ear canal and a pressure bandage on your head. After an overnight stay you will be seen by the surgeon in the morning, the head dressing will be removed and you will be discharged home with pain relief.

An appointment will be made in outpatients 1 – 2 weeks after your procedure for the wound to be assessed and the packing in the ear to be removed. If you require sutures to be removed this will be done at this appointment. Ear drops are usually commenced at this stage and we will make a further appointment for a hearing test a few months later.

What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

General complications such as nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

Specific problems:

- **Bleeding** – It is normal for the packing in the ear to absorb a small amount of blood stained fluid until it is removed. More significant bleeding causing a collection under the wound or problems in the middle ear can occur occasionally.
- **Infection** in the cavity may happen particularly if there was a middle ear infection at the time of surgery. If there is concern of this you will be either kept in hospital on antibiotics for a few days after the surgery or sent home with antibiotic tablets.
- **Facial Nerve Weakness** – Every effort is made to avoid damage to the facial nerve. The risk of permanent facial weakness on the side of the surgery is approximately 1:4000.
- **Hearing Loss** – Your ear will feel blocked for many weeks to a few months after the procedure but permanent hearing loss is uncommon, approximately 1:100.
- **Altered Taste** – A small nerve traversing the ear-drum provides taste to the front of the tongue on one side. Changes (such as a metallic taste) are usually temporary, lasting weeks to a few months but can, rarely, be permanent.

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- **Vertigo** – Minor vertigo in the first few days or when the ear packing is removed is common and occasionally distressing. Severe or lasting vertigo is very rare.
- **Tinnitus** (ringing in the ears) – Worsening of pre-existing tinnitus or new onset of tinnitus after the surgery is uncommon.

Discharge Instructions:

DO

- Keep well hydrated
- Take regular analgesia (paracetamol, oxynorm)
- Rest adequately & avoid excessive exertion
- Attend your review appointment

DO NOT

- Remove the packing from your ear
- Swim or fly in an aeroplane until advised by your surgeon

How to get help:

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.