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### **PATIENT EDUCATION ON TYMPANOPLASTY AND MASTOIDECTOMY**

**Tympanoplasty** is a procedure where the ear drum is rebuilt using a graft. This can be done to close a hole in the ear drum, or as part of a more extensive procedure including mastoid surgery.

**Mastoidectomy** is a procedure done to evaluate and clean out the bone behind the ear. The mastoid is a honeycomb cavity in the bone which lies directly behind the ear and is connected to the middle ear space. When there is chronic infection, inflammation, cholesteatoma, tumor or other destructive process of the ear which has not been controlled with medications and office treatments, then surgery is indicated. Surgery is necessary to examine and clean out the mastoid bone and the middle ear. The primary goal of this surgery is to remove infection or cholesteatoma or inflammation and create a 'safe' ear. If it is possible during surgery, steps will be taken to improve the hearing. Sometimes the hearing gets worse, or a second surgery may be necessary to address the hearing.

After mastoid surgery the ear canal may be greatly enlarged creating a mastoid bowl or cavity. This is usually only apparent when looking directly at the ear from the side. This opening is done to create a safe ear where recurrent disease can be easily identified and removed in the office. If a mastoid bowl is created it will need regular cleaning by an ear specialist, usually every 6-12 months. A mastoid bowl requires lifetime dry ear precautions. Occasionally a skin graft is necessary to help with healing.

In some cases both these procedures are done at the same time.

#### Potential Risks of Ear Surgery:

1. The facial nerve which controls movement of the face muscles runs through the mastoid and middle ear. During surgery a sophisticated nerve monitoring system is used to assist in identifying the nerve. On rare occasions, there can be some swelling of the facial nerve after surgery which can lead to weakness of the face. This usually resolves when the swelling goes down. Occasionally there is residual weakness. If the nerve is divided there is a complete facial paralysis and a nerve graft would be necessary.

2. Ear drum perforations can recur, particularly when there is cholesteatoma or chronic infection. This can be associated with further scar tissue formation.
3. The nerve that controls taste runs through the ear, so there can be alterations in taste after surgery. This usually subsides in weeks to months.
4. Some dizziness can occur after ear surgery. This usually resolves in days to weeks.
5. Other possible complications which are rare include: cerebrospinal fluid leak, dizziness, taste disturbance.
6. The risks of general anesthesia (heart attack, stroke, death, etc) are present, but fortunately rare.