What is a mastoidectomy and why do I need this operation?
A mastoidectomy is performed to remove infected mastoid air cells situated behind the middle ear and the removal of infected structures within the middle ear. The structures involved are the eardrum and the tiny bones (ossicles) situated behind it. Any healthy remains of the eardrum and ossicles are kept in an attempt to preserve hearing.

What is the benefit of having a mastoidectomy?
The benefit of having a mastoidectomy is that your ear should be safe from further damage, once the diseased mastoid air cells are removed. 80% of ears should stop discharging after surgery.

What are the risks and consequences associated with having a mastoidectomy?
Most procedures are straightforward. However, you should be aware that problems do arise. The most common potential problems are:

- There will be a scar.

- In some cases the hearing stays the same and in rare cases the hearing in the operated ear may deteriorate.

- The facial nerve may be damaged either during surgery or after surgery, which may result in a facial weakness. This may be temporary; however there is a risk that it could be permanent.

- Occasionally patients experience dizziness following the operation however; this tends to subside in the majority of patients within a short period of time.

- Infection of the wound site (where the stitches are) may occur. This may cause pain, inflammation and tightness of the area. Occasionally, a discharge and/or bleeding may occur from the stitch line.
• Infection and bleeding may also occur within the ear. This may cause pain, and/or a bloody, odorous discharge from the ear pack within your ear. However we do expect an amount of bleeding and discharge following the operation. Please telephone the ward if you are at all concerned.

• Reaction to the ear dressing. Occasionally the ear may develop an allergic reaction to the dressing in your ear canal and, the outer ear (pinna) may become red and swollen. You will need to be seen by an ENT doctor as the dressing may need to be removed. Once the dressing is removed the allergic reaction should settle down.

• Tinnitus. Sometimes a patient may notice a noise in the ear, in particular if the hearing loss worsens.

• Taste disturbance. The nerve that runs close to the eardrum may occasionally be damaged which can cause an abnormal taste on one side of the tongue. This is usually temporary but occasionally can be permanent.

• On very rare occasions a CSF (cerebral spinal fluid) may occur, especially when there is abnormal anatomy and the disease process has involved the dura (covering of the brain).

Your consultant has recommended this operation as being the best option. There are no alternative procedures available. However, there is always the option of not receiving any treatment at all. The consequences of not receiving any treatment are that left untreated the infection could damage the delicate structures within the ear, and the facial nerve. It could also cause infection to the brain such as meningitis.

If you are concerned about any of these risks, or require further information please speak to your consultant.

Getting ready for the operation
If you develop an ear infection whilst waiting for the operation please contact Ear Nose and Throat Outpatient Clinic as it may be necessary for you to see a doctor.
Following the operation we advise you to avoid changes in atmospheric pressure, so we recommend no flying until advised by the surgeon.

You will be asked to attend the Pre-operative Assessment Clinic. A specialist nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test. Please feel free to ask questions and raise any concerns that you may have regarding your operation.

You will be asked some routine questions about your general health, including whether you smoke or drink alcohol, any allergies you may have and any medicines you are taking at present. It would be helpful if you bring your medicines with you. The nurse will need to know their name and the strength. This includes non-prescription medicines including herbal/complementary medicines.

If you have been prescribed eardrops, please continue using these whilst waiting for your operation, unless otherwise advised by the doctor.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked to shower or bathe before your operation.

**Smoking cessation**
Smoking greatly increases the risk of complications during and after surgery, so the sooner you can stop the better. Even a few days before your operation can help to improve healing and recovery afterwards.

For help and advice contact your GP.
On admission
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety.

You will be given an operation gown and a wristband to wear.

You will have the opportunity to discuss your operation with staff. It is important that you understand what you have come into hospital for, as you will be asked to sign a consent form to this effect.

You will be given the choice of walking to the anaesthetic room or alternatively you could be taken in a wheelchair if you wish.

A small needle or cannula will be inserted into the back of your hand.

What sort of anaesthetic will I have?
Your operation will be performed under a general anaesthetic (you will be asleep) and because of this you are advised not to drive for 48 hours. You will be given information and an opportunity to discuss the anaesthetic with the anaesthetist.

What should I expect after the operation?
When you return to the ward you may be sleepy. Your blood pressure and pulse will be monitored at regular intervals until you are fully recovered.

A drink of water will be offered 1 - 2 hours after your return to the ward.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.
The hair around the ear to be operated on may be shaved for up to 1 inch/2.5cm.

The operation is performed either behind or front of your ear. You will have stitches and therefore there will be a scar but it will not be too obvious.

**Dressings**
Following your operation your hearing will be affected due to the presence of an ear pack, this pack will remain in the ear for 3 weeks and will be removed by the surgeon at your outpatient appointment.

There may be one or more pieces of ear packing so please be aware and try to keep count if a small piece comes out.

You will find it more comfortable to lie on your back or unaffected side.

**Pain relief**
If you experience pain it is important to tell the nurses who can give you painkillers to help.

**Going home**
Usually you are able to go home after 1 or 2 days following your operation depending on the surgeon’s instructions.

It is possible that your operation may be performed as a day case, depending on your general health and if it’s performed in the morning.

Staff will be able to answer any questions you may have before your discharge.
DISCHARGE INFORMATION AND
AT HOME ADVICE

Your ear may feel uncomfortable after surgery, which may last for 3 weeks, or generally until the ear pack is removed. There may be a bloody discharge from your ear, which will cause bleeding on to the ear pack. This is normal so please do not worry.

Change the cotton wool covering the ear pack, as it becomes soiled or at least daily. This must be done extremely carefully so that the ear pack is not disturbed. You may need to use a mirror to do this.

It is important to keep your ear dry. We recommend that you place some cotton wool smeared in Vaseline just inside your ear before washing your hair/showering. Replace it with a piece of dry cotton wool as soon as you have finished washing your hair/showering.

If you experience severe pain and/or redness of the ear and stitch line, please contact the clinic or ward who will be able to offer advice.

The stitches used are usually those which dissolve and so do no require removal. If stitches requiring removal have been used, additional information will be given to you in order for them to be removed at your GP’s surgery 5 days after your procedure.

Try to sneeze through an open mouth whilst you have your ear pack in as this will be less painful for you.

If you smoke we strongly advise you not to do so as this irritates the lining of the middle ear/mastoid cavity and may delay the healing process.

You may experience some discomfort. If so, take the painkillers you normally have for a headache. Follow the manufacturer’s instructions and do not exceed the stated dose.
Returning to normal activities
We advise you to take a minimum of 7 days off work; however this depends on your employment. Please seek advice from the ward staff.

Driving
You must not drive a car for at least 24 - 48 hours. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is advisable to contact your insurance company with regards to cover following a general anaesthetic.

Swimming/water based sports
You should not go swimming or take part in water based sports until the ear pack has been removed at your outpatient appointment.

Further appointments
An outpatient appointment will be made for approximately 3 weeks and if you are not given a date before you leave hospital one will be posted to you.

Following this operation it will be necessary for you to attend the Outpatients Clinic on a regular basis to check for signs of infection and to have your ear cleaned by either the doctors or the specialist nurses.
Important information for day case patients
The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. You are under the influence of drugs during this time and therefore there are certain things that you should and should not do.

You should:

- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact your GP if you have not passed urine 12 hours after your operation.
- Have a lie in the next day. It could take 2 - 3 days before the weariness wears off and you could suffer lapses in concentration for up to a week.

For at least 24 hours after your operation you must not:

- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer as this can cause blurred vision.
Useful website

www.entuk.org

We hope your recovery is speedy and uneventful.

If you have any queries please telephone
Head and Neck Outpatients on 01332 787472,
Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends contact Ward 307
on 01332 787307.