

# Meatoplasty/Canalplasty



*Taking pride in caring*



## **What is a meatoplasty/canalplasty and why do I need this operation?**

This operation is performed to widen your ear canals so that they do not get blocked with wax and debris. It is also performed to enable easy access to the mastoid cavity to assist with cleaning for those patients who have had mastoid surgery.

A **meatoplasty** concerns the soft tissue and cartilage of the ear.

A **canalplasty** concerns the widening of the bony canal within the ear.

## **What are the benefits of having a meatoplasty/canalplasty?**

The benefits of having these procedures are that your ear canal will be enlarged which reduces the possibility of canal blockage and provides easier access to a mastoid cavity.

## **What are the risks, consequences and alternatives associated with having a meatoplasty/canalplasty?**

Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:

- Pain.
- 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. Please telephone the ward for advice if this occurs.
- 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 has been removed the allergic reaction should settle down.

- There may be a change in the shape and appearance of your ear following the operation. This is due to swelling after the operation and will usually subside.
- There is a risk that your hearing may deteriorate following the operation. This is usually due to the packing in your ear, which will be removed at a subsequent outpatient appointment.
- Once the pack is removed the ear will still need time healing and may require further medication and/or packing. This will require visits to the Outpatient Department.
- The ear canal may narrow again and regular check-ups with the doctor are advisable.

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

Your consultant has recommended this procedure as being the best option. However, the alternative to this procedure is regular attentive ear cleaning. If you would like more information about this, please speak to your consultant or one of the nurses caring for you.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are a build up of wax and potential ear infections. If you would like more information please speak to your consultant or one of the nurses caring for you.

## **Getting ready for the operation**

If you develop an ear infection whilst waiting for the operation, please contact the Ear Nose and Throat (ENT) Outpatient Clinic so that arrangements can be made for you to see a doctor.

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

## **Pre-operative Assessment Clinic appointment**

You will be asked to attend the Pre-operative Assessment Clinic. A 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.

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 some routine questions about your general health, the medicines you take at the moment and any allergies you have. Please bring with you any medicines you are taking at the moment, this includes prescription and complimentary medicines.

You will be asked to have a bath or shower before coming into hospital (if possible).

## **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**

You will be admitted to hospital on the morning of your operation. 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 be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will have the opportunity to discuss your operation with staff.

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

## **What sort of anaesthetic will I have?**

Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

## **What should I expect after the operation?**

When you return to the ward you may be sleepy. You will be given oxygen through a facemask until you are more awake.

You will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

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.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

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

### **Dressings**

You will have a yellow iodine pack in your ear which will make your hearing sound muffled. The ear pack will remain in your ear for approximately 3 weeks and will be removed by the surgeon at your outpatient appointment. It is usually the case that the ear may be repacked for a further 3 - 6 weeks to prevent re-stenosis which is a common complication.

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

### **Stitches**

You will have stitches to hold the wound together whilst it heals. These may naturally dissolve or may need removing after a week. You will be advised which type have been used.

### **Pain**

It is usual to feel some pain after your operation. 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 the same day or the day after your operation depending on the surgeon's instructions. Staff will be able to answer any questions you may have before you leave hospital.

# DISCHARGE INFORMATION AND AT HOME ADVICE

## **Dressings and wound care**

Your ear may feel uncomfortable after surgery, which may last for 3 weeks, or generally until the ear pack is removed. The ear pack itself is yellow. You may have a bloody discharge which may be red/yellow to start with turning brown over the week. It usually smells like antiseptic. 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.

Keep your ear dry. We recommend that you place some cotton wool smeared in Vaseline just inside your ear before washing your hair and 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 and if the discharge gets worse, please contact the clinic or ward who will be able to offer advice.

## **Stitches**

Your stitches will be removed at your GP surgery a week after your operation. A card will be if necessary with instructions, as in some cases the stitches are naturally dissolving and do not need removing.

## **Pain relief**

It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer's instructions and do not exceed the stated dose.



## **Smoking**

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

## **Returning to normal activities**

### **Time off work**

We advise you to take a minimum 7 days off work, depending on the doctor's instructions and on your type of employment. Please seek advice from the ward staff.

### **Driving**

Do not drive for at least 48 hours after your operation and until and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also 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 appointment will be made for you for approximately 3 weeks, if you are not given a date before you leave hospital one will be posted to you.

## **Important information for day case patients**

You must not drive or go home by public transport. Therefore, you must make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi. Please note hospital transport and ambulances are not normally available for day 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.

### **For 24 hours 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:**

- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.
- 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](http://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

[www.derbyhospitals.nhs.uk](http://www.derbyhospitals.nhs.uk)  
Trust Minicom 01332 785566

Any external organisations and websites included here do not necessarily reflect the views of the Derby Hospitals NHS Foundation Trust, nor does their inclusion constitute a recommendation.

Reference Code: P1416/1082/09.2013/VERSION6

© Copyright 2013. All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from the Patient Information Service, Derby Hospitals NHS Foundation Trust.  
(P1002/11.2011/V5)

