

forgetful for 24 hours. It is important that you have someone to look after you and that you do not make any important decisions.

- There may be a dressing over your wound and a bandage over your head. This will be removed before you go home. You will need to keep the wound clean and dry.
- If you have stitches to your wound they will be removed 5 to 7 days after your operation, usually by your GP's Practice Nurse. You will need to make an appointment for this.
- There may be bruising around your ear, this fades in time. Any swelling to the surrounding tissue should reduce within a week.
- You may have an antiseptic dressing (pack) or ointment inside your ear. This will be removed in the outpatients clinic in approximately 1 to 3 weeks after your operation depending on the type of surgery you have had. The dressing may feel wet and you may experience some yellow discharge from the dressing which is normal.
- You can usually go home the day after surgery, if you are well enough.
- You will be given a sick certificate on the ward as you will need approximately 2 weeks off work.

All information in this leaflet has been verified by our Consultant Surgeons in ENT.

For further information please ask a member of staff or contact www.entuk.org

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Mastoidectomy

Ear, Nose and Throat Department

Clinic 6, Lincoln County Hospital 01522 573255
Clayton Ward 01522 573130/573778
Surgical Admissions Unit 01522 573089/573144
www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients undergoing a mastoid exploration. It aims to explain the procedure and what to expect afterwards.

What is a Mastoid exploration?

This is an operation to explore the middle ear cavity and to look for disease in the mastoid bone behind your ear.

It is usually done to remove cholesteatoma, but it can be done for other reasons.

What is Cholesteatoma?

Cholesteatoma forms when the ear drum skin grows backwards into the middle ear cavity. It may become infected giving recurrent ear infections and ear discharge. It may destroy the hearing bones, the hearing and balance organs and the nerve to the face muscles as it grows and enlarges. It has a potential risk to injure the brain.

Is there an alternative to having this operation?

This condition may already have caused symptoms of hearing loss, problems with balance and dizziness and discharge from your ear. If left untreated it can cause serious problems and should never be ignored. Your surgeon will have discussed this with you and will recommend that you have this operation.

What are the risks involved?

- Surgery may not remove all the cholesteatoma.
- Cholesteatoma may reoccur in 10 to 20% of patients.
- Sometimes more than one operation is needed.
- Ear discharge may persist.
- Hearing – may remain the same or get worse.
- Tinnitus – ringing in the ear.
- Dizziness – balance problems.
- Temporary change of taste.
- Nerve damage causing facial weakness/palsy.
- A numb ear lobe.
- Bleeding and haematoma formation.
- Wound infection.

What happens before the operation?

Usually this operation requires you to stay one night in hospital. You will be asked to attend a pre-operative assessment clinic, approximately one to two weeks before your operation date. Your medical history will be noted and the operation explained. You will be asked to sign your consent form, please ensure that you understand your operation before signing. Your doctor will want to look inside your ear to make sure it is not infected prior to the operation. Any necessary tests will be carried out e.g. hearing tests, blood tests, x-rays and ECG (tracing of your heart). The medication you are currently taking will be discussed with you and advice given as required. You will receive information about when to stop eating and drinking before the operation. You will usually be seen by the anaesthetist on the ward the day of your operation.

What happens during the operation?

- You will be given a general anaesthetic and will be asleep during the operation.
- The surgeon will shave a small area behind your ear.
- An incision is made in the skin crease either in front of/or behind your ear to give access to the ear. The exact details of what will be done will depend on the extent of disease you have in your ear and should be discussed with your surgeon. Your operation will take approximately 2 to 3 hours
- During surgery a small needle electrode is inserted in the face to observe the facial nerve. You may have a small bruise and a little discomfort after surgery.

What should I expect after my operation?

- There is usually discomfort on moving rather than severe pain. You will be given pain relief during your operation. If you have any discomfort tell the nurse looking after you. You will be given an injection/tablets to control this.
- You may feel sick, but not necessarily. An anti-sickness medicine will be given to you. You should be able to eat and drink normally within 4 to 6 hours.
- After a general anaesthetic you may feel slow, clumsy and