

Patient Information Leaflet

Department of Surgical Care

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Advice for patients having Mastoid Surgery

About open cavity mastoidectomy: How does the ear work?

The ear consists of the outer, middle and inner ear. The outer ear is covered by skin. The middle ear is covered by a mucus producing membrane. Sound travels through the outer ear and reaches the eardrum, causing it to vibrate. The vibration is transmitted through three tiny bones (ossicles) in the middle ear. The vibration then enters the inner ear where the nerve cells are. The nerve cells within the inner ear are stimulated to produce nerve signals. These nerve signals are carried to the brain, where they are interpreted as sound.

What is the mastoid bone?

The mastoid bone is the bony prominence that can be felt just behind the ear. It contains a number of air spaces, the largest of which is called the antrum. It connects with air space in the middle ear. Ear diseases in the middle ear can extend into the mastoid bone.

Why is open cavity mastoidectomy done?

Operations on the mastoid may be necessary when an ear infection within the middle ear extends into the mastoid. Most commonly this is a pocket of skin growing from the outer ear into the middle ear, known as cholesteatoma. This causes infection with discharge and some hearing loss. The pocket gets slowly larger, often over a period of many years, and causes gradual erosion of surrounding structures. Erosion of the ossicles can result in hearing loss. The only effective way to get rid of this pocket of skin is surgery.

Intended benefits

The chances of obtaining a dry, trouble free ear from this operation by experienced surgeons are over 80%. In some patients it is possible to improve the hearing as well. You should enquire from your surgeon the likelihood of success in your particular case. If you have an operation in which the ear canal is preserved, it may be necessary to perform a second operation a year after the first to check there is no disease left behind.

Who will perform my procedure?

This procedure will be performed by a member of the Ear, Nose and Throat Medical Team with suitable experience.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet a nurse practitioner. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations.

Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

This procedure involves the use of general anaesthesia. You will see an anaesthetist before your procedure. Most people who have this type of procedure will need to stay in hospital for one night. Sometimes we can predict whether you will need to stay for longer than usual – your doctor will discuss this with you before you decide to have the procedure.

During the procedure

Usually a general anaesthetic is used. There are several ways of doing this operation, depending on the extent of the ear disease. They have various names such as atticotomy, combined approach tympanoplasty and modified radical mastoidectomy and it takes between one and three hours. They involve a cut either above the ear opening or behind the ear.

The bone behind the ear is removed but the ear canal is usually preserved (combined approach tympanoplasty). Occasionally, it is necessary to remove the back of the ear canal to leave a cavity which allows easy inspection (modified radical mastoidectomy). The mastoid cavity is closed up with cartilage. At the end of the operation, packing will be placed in your ear while it heals.

Does it hurt?

The ear may ache a little but this can be controlled with painkillers provided by the hospital.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

After this procedure, you will be able to drink sips of water when you return to the ward. After a couple of hours, you will be able to try to eat a light meal.

Getting about after the procedure

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

Leaving hospital

Generally most people who have had this operation will be able to leave hospital the day after the procedure, after the head bandage has been removed. There is sometimes some dizziness but this usually settles quickly.

Resuming normal activities including work

Usually you can resume light activities after 24 hours. Normal activities can be resumed after two weeks. Your doctor will advise you on how quickly you can resume normal and more vigorous activity. You may need to take one to two weeks off work.

Special measures after the procedure

There may be a small amount of discharge from the ear canal. This usually comes from the ear dressings.

Some of the packing may fall out. If this occurs there is no cause for concern. It is sensible to trim the loose end of packing with scissors and leave the rest in place. The packing in the ear canal will be removed in the ear, nose and throat (ENT) department after two or three weeks.

You should keep your ear dry. Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair.

Avoid straining/lifting anything heavy for the first few weeks after surgery.

Only blow the nose gently.

Avoid air travel for two months.

If the ear becomes more painful or swollen then you should consult the ENT department or your General Practitioner.

Check-ups and results

A follow up appointment will be sent to you in the post once you are discharged. You will need to attend the ENT Department occasionally for the follow up of your ear for up to five years after the operation.

If you have any concerns, please contact your GP or the ward for advice.

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WARD 4B 01514301440

WARD 4C 01514301441

This leaflet can be made available in alternative languages/formats on request

Creation date: July 2015

Review Date: July 2018

Produced by: Ward 4B