

About mastoidectomy

What is a mastoidectomy?

A mastoidectomy is an operation to remove an infection or skin growth behind your eardrum together with the surrounding (mastoid) bone.

Why have a mastoidectomy?

If these problems are left untreated, they can:

- result in a frequent smelly discharge
 - damage the delicate structures of the ear and the facial nerve, which could cause a paralysis of one side of the face.
 - damage your hearing and balance, and cause brain infections because the ear is so close to the brain.
- When the infection / growth is removed you should no longer be at risk of these problems.

How is the operation done?

In most cases we shave the hairline around the ear in advance.

A cut is made either behind or just in front and above your ear. The operation takes from one to three hours depending on the extent of the problem. The aim is to remove all the disease but preserve as much of the workings of your ear as possible. After the disease has been removed, we use a graft to seal up any hole in the eardrum and packing is placed in the ear canal. There are several variations of this operation - your doctor will explain the details that apply to you.

Before you come in to hospital

Arrange for a couple of weeks off work after the operation and check that you have a relative or friend who can take you home and look after you for the first few days after the operation.

We may ask you to attend the pre-assessment clinic, either on the day of your out-patient clinic appointment or following a telephone health questionnaire. This is to ensure that you are fit for your surgery.

Will you have to stay in hospital after the operation?

Not necessarily. If your operation is straightforward and we think that your general state of health and home circumstances are suitable, you will be able to go home on the day of your operation. We will tell you before you come into hospital whether you can go home on the same day as your operation, or whether you need to stay in overnight.

Ear dressings after the operation

The ear passage is filled with tiny pieces of an antiseptic gauze dressing or a single gauze dressing. This stays in place for 2-3 weeks and is removed in the out-patient clinic.

You may also have a dressing on the outer part of your ear held in place by a head bandage. This is normally removed the morning after your operation.

A piece of cotton wool is placed in the outer part of your ear and you will need to change this every day.

Stitches

You may have stitches at the site of the cut. These can be removed at your GP surgery about 5-7 days after your operation. Take care when showering and washing your hair not to get the ear or the wound wet as this can cause an infection.

Will I be able to hear soon after the operation?

You may not have much hearing in the ear whilst the dressing is in.

You may notice a strange squelching, popping or buzzing noise in your ear. This is also due to the dressing. It usually stops when the dressing is removed.

If the disease has damaged the inner ear, there may be a total loss of hearing.

Does it hurt?

There may be some discomfort in your ear when you open and close your mouth or if you lie on that ear. You may experience some soreness after the operation; ordinary painkillers should help this.

If the ear becomes very painful, it may mean it is infected and you should see your GP.

Will I get dizziness or sickness?

You may get some dizziness for a few days after the operation. It can also occur if you turn your head quickly or bend down suddenly. You can also feel sick if you lift your head quickly, and we can give you medicine to stop this.

How long will I be off work?

You will need to rest at home for at least a week as you may continue to feel dizzy and tired. This will steadily improve. If you do manual work or your job requires a lot of bending and tipping of your head, you may need to take a further 1-2 weeks off. When you come in for the operation tell your nurse if you need a sick certificate for when you leave hospital.

When will I come back to the out-patient clinic?

We send you an appointment, usually for 2-3 weeks after your operation.

After you leave hospital: looking after your ear

- Keep your ear and the wound dry. Take care when showering and washing your hair, to avoid infection. Place a piece of cotton wool covered in vaseline in the ear to prevent water getting into the ear. This also means you cannot go swimming until you have seen your doctor in the out-patient clinic.
- Change the cotton wool in your ear daily - always wash your hands before and after doing so. Take care not to remove the ear dressing with the pack - if

it sticks to the cotton wool then cut it close to the cotton wool, but do not pull the dressing out.

- Itchiness & redness is rare, and it may mean you are allergic to the dressing. If you experience it, contact the ward on the number on the next page.

Things to avoid as they can damage the graft and cause pain

- Avoid blowing your nose violently - blow it gently from side to side. If you need to sneeze, try to do so with your mouth open.
- Try to avoid contact with family and friends who have colds for a month after your operation. There is a risk that a cold could lead to an ear infection which would destroy the graft while it is healing. If you catch a cold, you should go to your GP.
- Avoid changes in atmospheric pressure, which causes your ear to 'pop' as this can damage the graft (eg. underground tunnels and aeroplanes).
- Avoid strenuous work, sporting activities and straining until you have been seen in out-patients.

Can there be problems?

Very rarely, people lose movement on one side of their face. It is usually temporary and is caused by damage to the nerve that controls the facial muscles because it runs inside the ear. It can be damaged by disease or during the operation.

Rarely people notice a noise in their ear, especially if their hearing loss was already severe. This is called tinnitus, and usually improves gradually. We can provide advice about this.

Some people find their taste is impaired on one side of their tongue; this improves with time.

A small amount of discharge is normal. If the discharge becomes smelly or heavily blood stained, or if you start to feel dizzy or have severe pain around the ear, then contact the ward:

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