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# MASTOIDECTOMY SURGICAL INSTRUCTIONS

## INTRODUCTION

Your doctor has recommended ear surgery for you. The following information is provided to help you prepare for the surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

Mastoidectomy is a procedure which is performed for chronic mastoiditis or a chronic infection in the bone behind your eardrum. The following instructions are designed to help you recover from your surgery as easily as possible. Taking care of your ear can prevent complications. It is very important that you read these instructions and follow them carefully.

## RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals vary in their tissue circulation and healing processes, as well as anesthetic reactions, ultimately there can be no guarantee made as to the results or potential complications.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

1. Failure to resolve the ear infections and chronic drainage.
2. Ear drum perforation.
3. Cholesteatoma (benign skin growth)
4. Wound infection
5. Hearing loss even to the point of profound irreversible deafness in the operated ear.
6. Temporary/permanent loss of taste on that side of the tongue.
7. Temporary/permanent facial weakness or full paralysis on the operated side.
8. Temporary/permanent chronic vertigo (dizziness) due to injury to your balance canals.
9. Scarring and numbness behind the ear.
10. Leakage of brain fluid (cerebrospinal fluid) or injury to your brain leading to meningitis, brain abscess, and neurological deficits.
11. Injury to a major artery or vein causing stroke or death.

## **BEFORE SURGERY**

In most situations, the surgery is performed as an outpatient at either the hospital or the surgicenter. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor you throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If he or she is unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance.

Do not take any blood thinners such as Aspirin, Motrin, Aleve, Gingko Biloba, high doses of vitamin E, Warfarin, Coumadin, or Heparin for 2 weeks before surgery unless instructed to do so by your primary doctor and surgeon. The only pain medications that are safe are Tylenol or other narcotics. Please ask us to clarify any medications that may increase your chances of bleeding from the surgery.

You must not eat or drink anything 6 hour prior to the time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If you are sick or have a fever the day before surgery, call the office. If you wake up sick the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery.

## **THE DAY OF SURGERY**

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. You should wear comfortable loose fitting clothes, (pajamas are ok). Leave all jewelry and valuables at home.

## **DURING SURGERY**

In the operating room, the anesthesiologist will usually use a gas anesthetic. During the procedure, you will be continuously monitored including pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the procedure involves making an incision behind the ear and removing the infected or affected bone with a small handheld drill under a high power microscope with nerve monitors checking your facial nerve function. We will remove all affected portions of the eardrum and hearing bones. The ear drum is reconstructed with "fascia" (tissue) from a muscle above your ear through the same incision. The procedure may be part of a 2 stage procedure and if so, the 1<sup>st</sup> stage will most likely leave you with worse hearing than compared to before the surgery.

This is because the affected hearing bones have to be removed. The 2<sup>nd</sup> stage surgery, usually scheduled in 6 months, will aim at reconstructing the hearing bones and in order to restore your hearing to its full neurological potential. Some patients with hearing loss due to nerve damage may still have hearing loss and need a hearing aid after the 2<sup>nd</sup> surgery.

The whole procedure usually takes 3-4 hours. Your doctor will come to the waiting room to talk with your family member/friend once you are safely in the recovery room.

## **AFTER SURGERY**

After surgery, you will be taken to the recovery room where a nurse will monitor your child. Your friend/family will probably be invited into the recovery room as you become aware of your surrounding. You will be able to go home the same day as the surgery once they have fully recovered from the anesthetic. This usually takes one to two hours.

You may resume a normal diet after recovery and it is best to start slowly to prevent postoperative nausea and vomiting. You will have a large bandage around your head covering the operated ear and it should be slightly uncomfortable due to being snug, but not painfully constricting. Let the doctor know right away if it is too tight.

## **GENERAL INSTRUCTIONS AND FOLLOW-UP CARE**

Do not shower or get the bandage wet that day. The day after surgery, remove the bandage by sliding off the band that is over the un-operated ear first. Then slip the entire bandage off the operated ear. You may remove the gauze behind your ear. This should reveal absorbable stitches which you may gently clean with a gauze soaked with hydrogen peroxide and applying an over the counter antibiotic ointment of your choice to the wound. The sutures will fall apart and disintegrate over the course of the next 7 days. Also on that first day after surgery, remove the outer white cotton ball from your outer ear. Administer the antibiotic ear drops (Ciprodex) to your ear twice daily as instructed; starting from the time you remove the dressing on the day after surgery. Also take the oral antibiotics given to you for one week after surgery.

It is crucial to keep the ear away from any water or moisture besides the antibiotic drop since it could be a cause for infection. You may shower starting 2 days after surgery, but put a dry cotton ball in the outer ear and cover your ear with saran wrap during the shower. Keep the ear open to ear the rest of the day.

Do not pop your ear. Do not blow your nose, go up and down elevations such as mountains, flying, and high buildings. If you are sneezing, sneeze out your open mouth. Do not stifle sneezes. Do not take any aspirin or ibuprofen containing medication.

Ear drainage or bleeding may occur immediately after the procedure. If after the surgery, you develop a sinus infection, have yellow/green nasal drainage, have yellow ear drainage, start using ear drops twice daily and refill for oral antibiotics right away. Then call us for the next urgent visit with your doctor. These infections can spread in your ear and cause failure of the reconstruction.

Call the office to schedule an appointment for 7 to 10 days after the procedure. We will remove some of the ear canal packing and check the incision behind the ear on that day. Continue to use the drops as instructed and do not put anything else in the ear such as Q-tips or other cotton balls into the deep canal.

**IMPORTANT PHONE NUMBERS**

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1403. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

**ATTESTATION**

I have received, read, and understood the information provided to me regarding my upcoming surgery (five pages). I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, regarding my surgery and pre & post operative care. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

\_\_\_\_\_  
(Signature of patient or guardian)

\_\_\_\_\_  
(Date)

Witnessed by \_\_\_\_\_

\_\_\_\_\_  
(Date)

Revised Dec 2008: RM