



John S. Supance, M.D., F.A.C.S. • Mark A. Wohlgenuth, M.D., F.A.C.S. • James K. Bredenkamp, M.D., F.A.C.S.
Michael K. Jakobsen, M.D., F.A.C.S. • Michael Cho, M.D., F.A.C.S. • Phillip R. Wells, M.D.
Dennis M. Crockett, M.D., F.A.C.S.

Diplomates, American Board of Otolaryngology

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

STAPEDOTOMY 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.

Stapedotomy is a procedure which involves bypassing the stapes bone in the ear. This bone is the last of three bones that conduct sound from the mechanical vibrations of the eardrum into the inner ear. Otosclerosis is a disease where the stapes becomes fixed and dampens sound conduction. This procedure involves removing a portion of the stapes and inserting a prosthesis to replace its function. The goal is to restore hearing but there is a chance that you may still need a hearing aid after surgery. The other possibility is that the prosthesis may refixate after several years requiring a hearing aid or revision surgery.

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. Eardrum perforation.
2. Prosthesis dislocation or incus bone necrosis.
3. Wound/ear infection.
4. Cholesteatoma, trapped ear skin in the middle ear.
5. Permanent deafness, partial hearing loss, or failure to improve hearing.
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 due to incision behind the ear.
10. Leakage of brain fluid (cerebrospinal fluid) or inner ear fistula leading to meningitis.

ALTERNATIVES

It is important to understand that a hearing aid is an alternative to surgery and I recommend a trial prior to making a decision to pursue surgery.

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient at either the hospital or the surgery center. 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, ginkgo biloba, high doses of vitamin E, Warfarin, Coumadin, Heparin **for 2 weeks before surgery**. 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 in the ear canal or behind the ear. We then remove the stapes or affected hearing bone with a small handheld drill and laser.

We will be using a high power microscope along with nerve monitors checking your facial nerve function. We will remove all affected portions of the hearing bones and reconnect them with an appropriate prosthesis. Sometimes we use "fascia" (tissue) from a muscle above your ear to reconstruct the ear drum through a small incision in your scalp. Some patients with hearing loss due to nerve damage may still require a hearing aid after surgery. If the taste nerve is obstructing view of the stapes, we will sacrifice it in order to complete the procedure. We will abort the procedure if the facial nerve is obstructing the view or if there is abnormal anatomy preventing access to the stapes.

The whole procedure usually takes 2 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 either have a small bandaid on your ear canal if we were able to perform the surgery through the ear canal or a large bandage around your head if we had to make an incision behind the ear. The large bandage should be slightly uncomfortable due to being snug, but should not painfully constrict. Let the doctor know right away if it is too tight.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

Do not shower or get your ear wet from that day onward. Remember to take the oral antibiotics given to you the day of surgery. The day after surgery, remove the band-aid from the ear and the outer cotton ball, while leaving the deeper cotton packing (sponge) inside your ear canal.

It is crucial to **keep any water or moisture from getting inside the ear canal**. 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 for the shower. After the shower, remove both.

Do not pop your ear. Do not blow your nose. Do not go up and down elevations such as driving up and down mountains, flying, and going up high buildings. If you have to sneeze, do not stifle it; rather let it come out your open mouth. Do not take any aspirin or ibuprofen containing medications for 7 days after the surgery.

Minor bloody ear drainage or bleeding may occur after the procedure for a couple days. Catch it with a cotton ball if necessary and call our office if it continues as a steady stream.

If in the 6 months after the surgery, you develop a sinus infection, have yellow/green nasal drainage, or have yellow ear drainage, then start using ear drops twice daily. Also refill and start the oral antibiotic from the day of surgery right away. Then call us for the next urgent visit with your doctor. These infections can spread in your ear and cause meningitis, hearing loss, and other complications.

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 incisions on that day. **Do not put anything else in the ear such as Q-tips and do not put the cotton balls deep in the ear 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 December 2008: RM