What should I expect after the operation?

Loss of hearing
Most patients will have a degree of hearing loss before the operation. It is uncommon to lose your hearing completely after the operation. If the disease has eroded your inner ear or your balance system there is a higher risk of total and permanent hearing loss.

Dizziness
This is normally temporary but can last longer if the disease has damaged the balance organ.

Tinnitus
You may already have a noise in your ear (tinnitus) before surgery but it can sometimes be worse after. You may continue to experience tinnitus especially if you have hearing loss.

Mastoid Cavity
A mastoid cavity is still commonly created and may require care in the form of regular cleaning to avoid excessive accumulation of wax. Infections can occur causing ear discharge and this can sometimes be a control problem.

After the operation, you will be transferred to the recovery area. When your anaesthetic has worn off, you will be taken back to the ENT ward. You will notice that you have a dressing over your ear and sometimes a head bandage as well.

What else will I expect after surgery?
Your ear will be sore after the operation and you will be given painkillers by the hospital and some to take home. This discomfort often lasts for up to 2 weeks. You will have packing in your ear and this is left in the ear for up to 3 weeks. Your ear will feel blocked due to the packing. You can expect a bit of spotting from blood arising from your packing or your wound. You can apply some saline drops into your ear. The cotton wool and dressing to these areas until the spotting stops. The cotton wool and dressing should be changed regularly. If you have stitches, this can be removed by your GP practice nurse after 7 to 14 days. If your packing starts to fall out, you can trim the loose end with a pair of clean scissors and leave the rest in place. You should keep your ear dry during this period.

After mastoid surgery, your sense of taste may be different on the same side as the operation. Permanent damage is uncommon.

Your hearing may stay the same or improve after the operation. Your hearing may also become worse after the operation.

Rarely the facial muscles may be permanently weak after the operation. Sometimes the weakness is temporary and recovers.

Tinnitus can develop after the operation.

You may have an allergic reaction to the medication in the ear dressings.

Dizziness
Feeling dizzy for a few hours after the operation is common. Rarely, dizziness may last for months.

Quick facts about mastoid surgery & cholesteatoma
Cholestetoma is best treated by surgery if you are fit enough to have a general anaesthetic. An enlarging cholesteatoma sac can cause rare but serious problems that include meningitis, an abscess in your brain, loss of all hearing, permanent dizziness or a weak face.

Follow up
A post-operative outpatient appointment will be made a few weeks after surgery. If there is packing in your ear, it will be removed at this visit. Following mastoid surgery, it is not uncommon to require long term care of the ear, especially if you have a mastoid cavity.

What is the recovery period?
Most people will fully recover after 6 to 8 weeks. You may be able to go back to work after 2 weeks, but will have to keep water off the ear. Most people will fully recover after 6 to 8 weeks.

How long will I stay in hospital?
If there is a complication following surgery, you might need to stay in hospital for longer.

You can sometimes get home the same day but be prepared for an overnight stay.

How soon can I return to work?
Your ability to return to work depends on the extent of your operation. The risks (in particular the ones that may matter most to you) and go through any questions you may have with your specialist.

If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

Before you give your consent to the treatment, you should ensure that you understand the benefits that you will gain from the procedure, the risks (in particular the ones that may matter most to you) and go through any questions you may have with your specialist.

If you would like to know more, visit our website at www.entuk.org

Disclaimer: This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

This leaflet has been authored by Andy Chin, May Yaneza & Arunachalam Iyer. ENT UK would like to thank the authors and reviewers for their contributions.
An Overview of Treatment

How does the ear work?
The ear consists of the outer, middle and inner ear. Sound travels through the outer ear and reaches the eardrum, causing it to vibrate. The vibration is then transmitted through three tiny bones in the middle ear called ossicles. The vibration then enters the inner ear and the nerve cells within the inner ear are stimulated to produce nerve signals. These nerve signals are sent to the brain, where they are interpreted as sound. The middle ear also contains other structures like your balance system and facial nerve. It also sits very near to the brain which lies just above it.

What is the mastoid bone?
The mastoid bone is the prominent bony area that can be felt just behind the ear. It contains a number of air spaces. It connects with the air space in the middle ear. Therefore, ear diseases in the middle ear can extend into mastoid bone.

Why do you need mastoid surgery?
The commonest reason for mastoid surgery is the condition called cholesteatoma. This is a collection of skin cells that grows like a sac from the eardrum into the middle ear and mastoid bone. Sometimes mastoid surgery is performed for access as part of other operations for example cochlear implant surgery.

What problems can develop from cholesteatoma?
Over a few years, this sac of skin (a cholesteatoma) can cause repeated ear infections. The enlarging sac can start to rub and erode the surrounding structures in and around the middle ear such as the small bones conducting sound. This can lead to hearing loss. Sometimes, the bone protecting the nerve which moves the face becomes very thin and it swells after surgery but this is usually temporary but can sometimes be permanent.

What symptoms may I develop?
Repeated ear infections can cause a smelly discharge from your ear and cause ear discomfort. Erosion of the bones of hearing can cause a hearing loss. You can also experience distortions in your balance and develop symptoms which is a sound in your ear e.g. buzzing, hearing, and ringing. Very rarely the infection can cause complications such as meningitis and abscess formation. This infection can produce fever, severe pain and swelling around the ear and stiffness of neck.

Will I need any tests?
In the first instance your consultant will examine your ear with a handheld otoscope. A microscope can be used to examine the ear more thoroughly and this can be accompanied by suctioning earwax for a better view. Suctioning of your ear is very safe but can sometimes cause mild discomfort and dizziness. An audiogram will be performed to check your hearing levels. A CT scan or MRI scan may be requested by your consultant.

What treatment may I need?
Ear suction and antibiotic treatment will only provide temporary relief from your symptoms. The only safe and effective way of treating cholesteatoma is to have it removed with an operation.

What is the benefit of having surgery?
The main benefit by removing cholesteatoma is stopping ear infections. This can also prevent complications arising from an enlarging cholesteatoma.

What does surgery involve?
Mastoid surgery is also commonly called mastoidectomy. There are various forms of the operation often tailored to the size of the cholesteatoma. Other terms include atticotomy, atticotomisation and combined approach (symploclip). The operation almost always is performed under a general anaesthetic. It can take between 1 hour to 3 hours.

Surgery involves making a cut above the opening of your ear or behind your ear. Cuts will also be made in your ear canal. Some surgeons might do the operation with the eardrum still intact and the help of a microscope called endoscope especially if the disease is limited. Sometimes the mastoid bone is opened up with a drill to get a better view. Sometimes other combined techniques with an endoscope and LASER are used in mastoid surgery.

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What are the alternatives to surgery?
Sometimes surgery is not the best option for you. This is a decision you will make together with your surgeon. Cleaning your ear regularly with suction at a clinic and using antibiotic drops intermittently may contain the disease but will never cure it completely. There will continue to be a risk of developing a complication from an enlarging cholesteatoma. These rare complications are, meningitis/brain abscess, facial weakness, dizziness and total loss of hearing.

Other Factors to consider.
If your job involves smoking or requiring an intact eardrum, (eg jobs in the military) or depends on a normal taste sensation (chef), mastoid surgery can cause problems and you must discuss this with the surgeon before the operation.

What are the risks?
It is very common to experience taste disturbance following surgery. This is because the taste nerve runs very close to the eardrum and may sometimes be injured during surgery. This abnormal taste occurs on the same side of the tongue as the operated ear. This is usually temporary but can sometimes be permanent.

Facial weakness
There is a rare complication of facial weakness following surgery. The risk is higher with revision operations. The facial nerve which is the nerve that controls movement of the face runs through the mastoid bone and middle ear. Sometimes the nerve swells after surgery but this is temporary and facial movement recovers. If the nerve is damaged, there may be permanent weakness to the face.

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Allergic reaction
Allergic reaction in the ear dressings: Some patients may develop a skin reaction to the ear dressings. If your ear becomes itchy or swollen, you should seek advice from your surgeon. The ear dressings contain medication to prevent infection.

Recurrence / Residual disease
Recurrence and residual disease is common to very common. The risk is higher with more extensive cholesteatoma and may be related to the surgical technique used by your surgeon.