



Tympanomastoidectomy/Chronic Ear Disease

Patient and Family Education

This teaching sheet contains general information. If you have any additional questions, please speak with the office nurse at (813) 262-1330.

What is chronic ear disease/cholesteatoma?

Chronic ear disease is caused by impaired ventilation of portions of the ear behind the eardrum (middle ear), also known as Eustachian Tube Dysfunction. The Eustachian tube connects the ear to the back of the nose and is important in equalizing pressure and promoting a normal healthy ear environment. If this system malfunctions, chronic ear disease can occur with associated retraction/weakening of the ear drum, chronic draining infection (otorrhea), hearing loss, or the development of secondary skin cysts (cholesteatoma) that ultimately become locally destructive to nearby important structures like the fragile hearing bones.

What can be done for chronic ear disease/cholesteatoma?

A tympanomastoidectomy is a surgical procedure to give your child a clean, safe, dry healthy ear that functions normally. The surgeon removes the infected bone of the ear (mastoid) and associated infected soft tissue while rebuilding a new healthy ear drum. When the cholesteatoma is severe, a staged approach (two surgeries separated by 6-12 months) yields the best outcomes. Sometimes, an ossiculoplasty is necessary where the fragile hearing bones are rebuilt using prosthetic hearing bones if they become damaged from the cholesteatoma. After eliminating the disease process, the secondary goal of ear surgery is to improve the hearing through reconstructing the ossicular chain.

The procedure involves a hidden incision behind the ear. Most mastoidectomies keep the bony ear canal intact. When severe disease is present or often for revision cases, a variation of this procedure include removal of the posterior portion of the ear canal, creating a bony cavity that connects to the outer ear canal (canal wall down mastoidectomy) with a larger ear opening.

How long will it take to recover?

Surgery is outpatient. Children can usually go back to school in a few days after the dressing has been taken down and they no longer need prescription pain medicine.

What are the risks of a tympanomastoidectomy?

Risks of this procedure include failure to heal/re-occurrence, bleeding, infection, or temporary taste disturbance. Any ear and mastoid surgery can theoretically have a risk to damage hearing, balance, facial nerve function, or cerebral spinal fluid leak but this is exceedingly rare (<1%). A facial nerve monitor is used for additional safety throughout the operation.

How can I take care of my child?

- 1. Pain:** Over the counter Tylenol and Motrin are great medications for ear surgery. Your child's surgeon may prescribe an additional prescription medication in certain instances.
- 2. Wound Care:** Keep dressing on for 24-48hrs post op. Blood tinged drainage from the ear canal or incision is normal and expected after ear surgery. The dressing is sterile; there is NO need to replace the gauze. Place ointment given over incision 2-3 times daily for 7 days. After that, aquaphor ointment can be placed over incision 2-3 times daily until first post op appointment. Often times an antibiotic is prescribed pending on what is found in the ear. Sutures are dissolvable.
- 3. Water Precautions:** Place a cotton ball with vaseline in ear canal when showering to keep ear canal dry. Remove after shower. Do not submerge wound or ear underwater (i.e. bathe or swim) until cleared by your surgeon.
- 4. Post-Op Appointment:** A follow up appointment should be made in our office for 3 weeks after surgery. We subsequently see you again approximately 3 months after surgery and test your child's hearing. Often, your surgeon will have your child on ear drops to be started 1 week prior to the first clinic visit.