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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Mastoidectomy

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have a Mastoidectomy.

What is the mastoid bone? (*)

The mastoid bone is the bony prominence that can be felt just behind the ear. It contains a number of air spaces, the largest of which is called the antrum. It connects with the air space in the middle ear. Therefore ear diseases in the middle ear can extend into mastoid bone.

What is a Mastoidectomy?

This is an operation to free the ear of recurrent infection.

This is done as a day case procedure. Day case admission requires you to have an escort home, access to a telephone and someone with you overnight.

Why is mastoid surgery done? (*)

Operations on the mastoid may be necessary when ear infection within the middle ear extends into the mastoid. Most commonly this is a pocket of skin growing from the outer ear into the middle ear, known as cholesteatoma. This causes infection with discharge and some hearing loss. The pocket gets slowly larger, often over a period of many years, and causes gradual erosion of surrounding structures. Erosion of the ossicles can result in hearing loss. The only effective way to get rid of this pocket of skin is surgery.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

How is mastoid surgery done? (*)

There are several ways of doing the operation, depending on the extent of the ear disease and the surgeon. They have various names such as atticotomy and mastoidectomy and take between one and three hours. The surgeon should discuss with you about his choice before the operation. The bone covering the infection within the mastoid cells is removed. The resultant bony defect is called a mastoid cavity.

Some surgeons leave the mastoid cavity open into the ear canal. This allows the surgeons to inspect the mastoid cavity easily. Other surgeons close up the mastoid cavity with bone, cartilage or muscle from around the ear. At the end of the operation packing will be placed in your ear while it heals.

How successful is the operation? (*)

The chances of obtaining a dry, trouble free ear from this operation by experienced surgeons are over 80 percent. In some patients it is possible to improve the hearing as well.

What are the benefits of having a Mastoidectomy?

Having a Mastoidectomy will prevent complications of:

- Infection.
- Facial palsy.
- Meningitis.
- Brain abscess.

This operation also attempts to stop offensive ear discharge and improve hearing. Results vary with the extent of the disease of the ear.

What are the risks of having a Mastoidectomy?

- **Infection**
Infection can occur in either the ear canal or the suture (stitch) line.
- **Chronic discharge**
This would require further surgery.
- **Hearing loss/dead ear**
There is a risk that your hearing will be made worse, or you may lose it completely. However, every precaution will be taken to prevent this happening.
- **Damage to facial nerve**
There is less than 1% chance of this happening, which can result in a drooping of the side of the face. This can be due to bruising and will get better as healing takes place. However, it can be permanent if the nerve is damaged at the time of the operation. Every care is taken to prevent this from happening.
- **Reaction**
The packing in your ear contains iodine, which some people are sensitive to. Any reaction will be identified before discharge from hospital and will ease on removal of the pack by a doctor.
- **Altered taste**
This should resolve in three to four months.
- **Dizziness (*)**
Dizziness is common for a few hours following mastoid surgery and may result in nausea and vomiting. On rare occasions, dizziness is prolonged. You will be prescribed medication to reduce the severity.
- **Tinnitus (*)**
Sometimes the patient may notice noise in the ear, in particular if the hearing loss worsens.
- **Scar**
Your scar should settle over a few months, but if it becomes infected this will affect the end result. If your scar becomes raised (Keloid) this can be treated at a later date.

- **Re-occurrence**

If the disease re-occurs further surgery may be required.

- **Perforation**

This may occur if the ear drum has been accessed as part of the operation or as a result of graft failure or infection

Are there any alternative treatments available?

There is no other treatment that is effective.

What will happen if I decide not to have treatment?

Without treatment you are at risk of developing the complications previously listed.

You will be referred for regular microsuction cleaning of your ear to ensure the ear is monitored for any deterioration.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness; this is always provided by an anaesthetist: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic before your operation. Here you may have blood tests, and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your general health, any medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner and you will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear makeup.
- Please leave body piercings at home.
- False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly. You may experience a headache while you have your packs in. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- You will have a pack in your ear. This will be removed when you go to clinic three weeks after your operation. There may also be a bandage around your head to prevent a blood clot forming in your wound. This will be taken off before discharge.

- The nursing staff will also advise you when you can start taking sips of water. Anaesthetic drugs can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy. You may experience this dizziness for a couple of days.
- If you wear glasses, you must protect the wound behind your ear to prevent infection.

Going Home

Your doctor/nurse practitioner will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your ear

- You may experience a metallic taste in your mouth; this will resolve itself over a period of time.
- For two or three days after going home, you may experience some blood stained discharge through the pack in your ear. This is normal. You should change the cotton wool often.
- Should any bleeding continue after this, please contact the department.
- Put cotton wool smeared with Vaseline into the ear canal when bathing or showering.
- Please keep the wound dry especially after washing. This helps to prevent infection.

- If you wear glasses, be careful the arm does not irritate the wound at the back of the ear, as this can cause infection.
- Do not take the packing out of your ear. If it becomes loose or hangs out, trim it with scissors.
- An appointment will be made for you to have your stitches removed close to home **one week** after your operation. The ward staff will give you this information before you are discharged. If you have any problems with your wound before this, please contact your GP.

Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you may need some support during this time; you will have to make your own arrangements.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will have to see your GP.

Further Appointments

A follow up appointment will be sent to you for three weeks after your operation.

You must attend this appointment, as you will need to have the pack removed from inside your ear and be examined by the doctor.

You will need to attend the ENT Department occasionally for follow up of your ear for up to 5 years after the operation. (*)

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Patient Notes:

Further information

If you have any queries or concerns, please contact the ward where you had your surgery or the Nurse Practitioners.

ENT Nurse Practitioners:

Helene Bryant / Sue Bragan /Christine Burton

Tel: 0151 706 2290

Textphone Number: 18001 0151 600 1930

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www.entuk.org

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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