

Information for patients and carers

Mastoidectomy



Why have a Mastoidectomy?

- · Your child may have an ear discharge that is not settling
- · The hearing may be reduced
- · Your child may have painless discharge
- · Your child may complain of feeling dizzy
- The doctor may suspect that a 'cholesteatoma' is present

What is a Cholesteatoma?

- It is an abnormality where the skin on the outside of the eardrum grows inwards
- Normally the skin of the eardrum cleans itself by carrying wax debris with it to the outer ear
- However, in this case the eardrum is pulled inwards and a pocket of debris occurs which cannot be moved to the outer ear and becomes infected
- The cholesteatoma can erode the 3 little bones of hearing in the middle ear causing deafness
- It can damage the facial nerve causing paralysis of half of the face
- · It can erode into the inner ear causing complete deafness
- In extreme cases it can erode into the brain causing meningitis and a brain abscess

Before the operation

- Your child will have a hearing test to confirm their state of hearing
- Your child may have a scan to indicate the extent of the cholesteatoma

The operation

- The skin is either cut behind the ear or up from the ear canal in front of the ear
- The mastoid bone behind the ear is opened using a drill

- The cholesteatoma is carefully removed from the surrounding structures
- The back wall of the ear canal may need to be removed
- The eardrum may need to be repaired using a graft of tissue from behind the ear
- An atticotomy may be performed-this is where the cholesteatoma is removed but the back wall of the ear canal is left intact
- The ear canal may be widened to improve access into the mastoid cavity
- The cavity and ear canal are packed with a yellow gauze dressing to allow healing without scar tissue narrowing the ear canal

The risks of surgery

- The surgery is very safe and problems are unlikely to occur
- A microscope is used to carefully identify all the structures
- The areas where the cholesteatoma is removed may be damaged due to the surgery
- Hearing may be reduced because damaged ear bones have had to be removed
- · Inner ear damage affecting hearing or balance is rare
- Weakness of the muscles in the face due to facial nerve damage is a very rare occurrence
- If the cavity remains moist or discharges, revision surgery may be needed
- Cavity care may be a lifelong need

After surgery

- The bandage around the head will be removed the next day
- Your child may have to stay overnight in hospital
- · Your child may feel dizzy
- · Painkillers will be given as required, your nurse will advise

Caring for your child at home

- Keep the ears dry
- The yellow packing will be removed 3-4 weeks in the clinic or under general anaesthetic
- Do not let your child remove the packing, a cotton wool ball can be placed over the packing and renewed twice a day
- · If the packing comes out just cut it near to the ear, do not pull it
- The skin stitches are dissolvable
- Expect some oozing but any fresh blood should be reported to ward 8
- · If ear discharge continues antibiotics may be given
- · No blowing of nose
- · Avoid exertion, contact sports and flying for 4-6 weeks
- · No swimming until the doctor advises
- · No school for 2 weeks
- Regular follow up, cleaning of the cavity is required and hearing test when the cavity has healed

Contact details

Should you require further advice or information please contact: Ward 8 on telephone number **01772 522245 or 07783848196**

Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.patient.co.uk www.accessable.co.uk

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

Lancashire Teaching Hospitals is a smoke-free site.

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal. If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊,請和我們聯絡,不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે કોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કપા કરી અમારો સંપર્ક કરતા અયકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਡਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں بچکچاہٹ محسوس نہ کریں۔

Department: Paediatrics

Division: Women and Children **Production date:** October 2020 **Review date:** October 2023

JR552 v1