

Tympanoplasty and Mastoidectomy

Patient Information

Tympanoplasty is an operation to:

- *Rebuild the tympanic membrane (eardrum) and/or hearing bones or
- *Remove a destructive type of benign growth (cholesteatoma).

Mastoidectomy is an operation to open or remove the air cells within the mastoid bone. The mastoid is the downward projecting knob of bone behind the ear. It contains air cells that extend out from the middle ear (the space behind the eardrum).

Mastoidectomy is performed to:

- *Remove disease from the mastoid when medical management is inadequate or
- *Gain exposure to other ear structures.

It is common for Tympanoplasty and Mastoidectomy to be performed at the same time.

Surgery may not be the only option. Sometimes hearing loss can be managed with a hearing aid and recurrent infections prevented by keeping water out of the ear. Surgery is strongly recommended if there is constant or recurrent infection or cholesteatoma.

A good result is usually dependent on successful "take" of very delicate grafts and complete removal of the cholesteatoma when it is present. The success in restoring hearing without complication depends on the severity of the disease present before surgery.

After the procedure the following usually or frequently occurs:

- *Decreased hearing and stuffy sensation in the operated ear, that gradually resolves after 3 of 4 weeks when the surgery is successful (unless the surgery has been performed for removal of infection or tumor with no attempt to repair hearing).
- *Ear discomfort or pain for several days.
- *Blood tinged drainage from the ear that usually lasts for a few days to several weeks depending on the type of surgery.
- *Slight unsteady or off-balance sensation may be present for several days. However, true spinning sensation is not usually expected and should be reported to your doctor.
- *Loss of sense of taste on one side of the tongue, which could last a few weeks, occasionally this is permanent.
- *Permanent need to keep water out of the ear (only if a radical or modified radical mastoidectomy is performed)

Complications are uncommon but can occur. These include:

- *Persistent ear drainage and mastoid infection. This is the most frequent problem and is very dependent on the severity of the underlying problem.
- *Unexpected permanent hearing loss. Uncommon.
- *Spinning vertigo (dizziness). Uncommon. When this does occur, it usually improves with time but there may be some permanent unsteadiness.
- *Paralysis of the face on the side of surgery. Very uncommon.
- *Brain infection. Extremely uncommon.
- *Leakage of brain fluid requiring further surgery. Extremely uncommon