

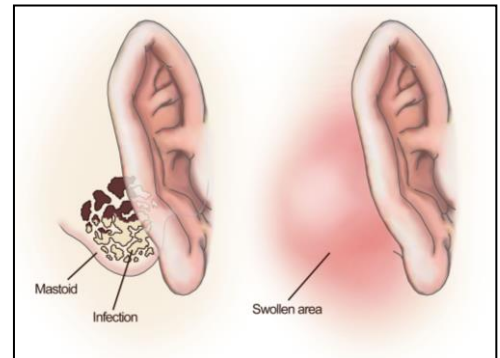
Operation Information

Mastoidectomy

Introduction

A surgical removal of air cells and diseased bone behind the ear.

- Indications:
1. Acute mastoiditis
 2. Chronic suppurative otitis media (CSOM) and chronic mastoiditis
 3. Cholesteatoma
 4. Tumour
 5. Cochlear implant



Contra indications: Sclerotic mastoid

Outcomes

The operation helps surgical removal of cholesteatoma or tumour, relieve either acute or chronic infection of ear and improve the ability of hearing.

Procedures

1. The operation is performed under general anaesthesia.
2. Skin incision is made either at the back or in front of the ear.
3. Remove diseased mastoid under microscope.
4. A pressure dressing may be needed after the operation in most cases.

Possible Risks and Complications

1. Mild:
 - Transient facial weakness
 - Tinnitus
 - Temporary hearing loss
 - Vertigo
 - Change in taste
2. Severe:
 - Facial nerve palsy
 - Vascular injury
 - Dural injury with or without cerebrospinal fluid leaking
 - Mastoid cutaneous fistula (rare)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up

- yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
 4. Shaving of hair around the ear may be necessary.
 5. No food or drink six hours before operation.
 6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
 7. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.
3. You may have pain or blocking sensation in the ear.

Wound Care

1. Sterile dressing is applied to the surgical site to absorb discharge from the ear. Keep dressing intact until removal by doctor during follow up.
2. Please avoid getting water in the ear.
3. Antibiotics may be given as prescribed.

Advices on Discharge

1. Immediately consult your doctor or return to hospital for professional attention in the event of severe pain, swelling, purulent discharge, excessive bleeding, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
2. Regular follow-up visits to monitor recurrence of cholesteatoma and hearing function may be necessary.
3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification