



Operation Information

Stapedectomy

Introduction

There are 3 tiny bones in the middle ear that vibrate to transfer sound waves from the eardrum to the cochlea. Otosclerosis is a disease of over bone growth in the middle ear. It may prevent the stapes, one of the tiny bones, from vibrating properly and cause severe hearing loss and tinnitus. The condition may affect one or both ears. The exact cause of otosclerosis is unknown. It may be passed down from families.

Stapedectomy is an operation to remove part of the stapes bone and to replace it with a micro-prosthesis. This allows sound vibrations to be transmitted properly to the cochlea. If you have otosclerosis or other causes of stapes fixation with conductive hearing loss, your surgeon may recommend you to have this operation.



Source:
<https://thenewyorkhearingcenter.com/stapedectomy/>

Indications

1. Conductive hearing loss due to otosclerosis
2. Other causes of stapes fixation with conductive hearing loss

Outcomes

The aims of this operation are to remove the problem stapes bone and insert an artificial prosthesis in order to improve your hearing in some levels.

Procedures

1. The operation is performed under general or local anaesthesia.
2. A cut is made inside the ear canal or in the skin above/ in front of the ear.
3. The eardrum is lifted up.
4. Part of the stapes bone is removed.
5. A micro-prosthesis is inserted.
6. The eardrum is repositioned.
7. The skin incision (if any) is closed with stitches and covered with waterproof dressing.
8. A sterile dressing is placed inside the ear canal and cotton wool padding is put over the ear and held in place with a bandage.

Possible Risks and Complications

Common risks and complications (≥1%)

1. Allergic reaction to ear packing
2. Infection
3. Haemorrhage
4. Taste loss or disturbance
5. Tinnitus
6. Vertigo

7. Hearing impairment

Uncommon risks with serious consequences (<1%)

1. Facial nerve injury in result facial palsy
2. Total deafness
3. Eardrum perforation
4. Death due to serious surgical and anaesthetic complications

** 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. The procedure and possible complications are explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Various tests of hearing, such as an audiogram.
4. Shaving of hair around the ear may be necessary.
5. No food or drink six hours before operation if it will be performed under general anaesthesia.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You can be discharged on the same or next day of the operation.

Wound Care

1. The ear and skin suture line (if any) should be kept clean and dry.
2. You may have pain or blocking sensation in the ear. It will be resolved when the eardrum heals and the ear pack dissolved or is removed by the doctor.
3. You have dressing inside the ear. Please do not remove it by yourself. Your doctor will change or take off the dressing at follow-up.
4. Some discharge from the ear is normal. Gently wipe away any drainage outside of the ear. Do not put anything inside the ear.
5. Do not let water get into the ear.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Advices on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. You are advised to stay out of work or school and rest for one week.
3. Protect your ears from loud noise.
4. Avoid swimming, rigorous activities and contact sports until further advised by your doctor.
5. Avoid blowing your nose vigorously or sneezing violently.
6. Sneeze with your mouth open, do not suppress it.
7. Avoid contacting people with respiratory infections. Wear surgical mask when you are in crowded place.
8. Avoid lifting, straining, which may cause dizziness.
9. Avoid travel by plane until further advised by your doctor, as the abrupt change in air pressure may rupture the newly repositioned eardrum.
10. Immediately consult your doctor or return to hospital for professional attention in the event of severe pain, purulent discharge or excessive bleeding from the skin incision site or the ear canal, dizziness, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
11. 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