

Surgeon - Dr. Manoj Kumar

Date of Procedure _____

Mastoidectomy

A mastoidectomy is surgery to remove cells in the hollow, air-filled spaces in the skull behind the ear. These cells are called mastoid air cells. A mastoidectomy may be used to treat infections of the mastoid bone that do not get better with antibiotics, complications of an ear infection or cholesteatoma (a type of skin cyst located in the middle ear and mastoid bone in the skull).

A CT scan is usually done prior to surgery to evaluate the extent of the disease. The surgery normally takes two hours to do and the patient can go home the same day.

What should I expect after surgery?

Post-operative pain – Pain varies with the patient and with the extent of surgery. There is medication to relieve this. If it persists, please contact us.

Dizziness – Feelings of dizziness, especially with head motion, are common after ear surgery. This may last up to two weeks. If it is severe or persistent, please contact our office.

Popping sounds – Popping, bubbling or cracking sounds or sensation within the ear is common after surgery.

Hearing – Muffled sounds are heard during the first two weeks after surgery. This may be due to the packing in the ear or due to the gel foam placed inside the middle ear. If you cannot hear any sounds whatsoever in your operated ear, please contact us immediately.

Antibiotic – An antibiotic may be prescribed. If you are allergic to any antibiotics, please let us know. Also stop taking the antibiotic if you notice any allergic reactions.

Bandage/dressing – The bandage placed at the time of surgery needs to be removed in two days. Carefully remove the bandages encircling your head. Change the cotton ball inside the ear every day. However, the dressing inside the ear should not be disturbed till the follow-up appointment. Minimal bleeding is normal.

Activity – Avoid strenuous activity. Walking is a normal activity that can be started straight away. There is no restriction with regard to your normal day-to-day activity except for the following:

Keep the ear dry. Cover your ear well while taking a bath or shower. Use a cotton ball coated with Vaseline to protect the ear.

Do not lift anything heavier than 20 lb. during the first post-operative week.

Sneeze with your mouth open. Sleep with your head elevated.

Blow your nose gently or avoid blowing your nose.

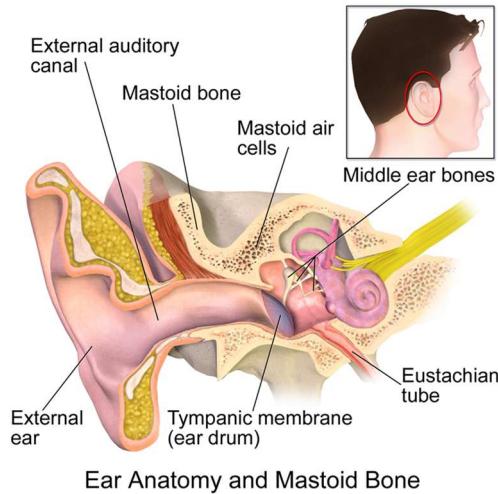
Avoid air travel during the first two weeks after surgery.

Diet – You may resume a regular diet as soon as you get home. We encourage you to drink at least six glasses of water and non-caffeinated beverages per day. Also, eat plenty of fruits and vegetables as well as lower fat foods. Talk with us about recommendations for healthy eating.

Other medications – Please resume all other medications prescribed by your primary care physician or other healthcare providers as soon as you get home

Incision:

The incision is normally placed behind the ear. The sutures used are absorbent and need not be removed.



Ear Anatomy and Mastoid Bone

Post-operative follow-up visit:

We will see you again in the office 7-10 days after surgery. The dressings placed inside the ear at the time of surgery will be removed. You will have to start using eardrops for the next week or so. A second follow-up visit will be scheduled in six weeks and at that time hearing assessments will be done.

Return to school or work:

Normally, it is possible to return to school or work one week after surgery. Sports or strenuous activities should be avoided until cleared by your surgeon.

Possible complications - There are some risks/complications, which include but are not limited to the following:

- ⑩ Bleeding or infection in the ear or in the wound.
- ⑩ Facial nerve palsy – injury to the nerve controlling the muscles of the face may result in paralysis of the face muscles. This is often temporary but may rarely be permanent.
- ⑩ Persistence or recurrence of the cholesteatoma may occur, requiring further surgery.
- ⑩ Ringing in the ear (tinnitus) may occur after surgery.
- ⑩ Loss of taste on the side of the tongue may occur and last a few weeks, but may also be permanent.
- ⑩ There may be dizziness for a short time after surgery, but it is rarely permanent.
- ⑩ Partial hearing loss or total loss of hearing may rarely occur and may be permanent.
- ⑩ Failure to improve hearing. An improvement in hearing may not be apparent despite the surgery being successful in eliminating the disease.
- ⑩ Persistent pain and discharge may occur, requiring further surgery.
- ⑩ Rarely, an infection may spread to adjacent structures, including the brain, causing meningitis or a brain abscess.
- ⑩ Perforation of the ear drum may occur. This can be patched successfully.

Contact us

Please contact Dr. Kumar if you notice any of the following problems:

- ⑩ Pain that is not relieved by the medications prescribed.
- ⑩ Temperature more than 101°F. Please take Tylenol and if there is no response please contact us.
- ⑩ Profuse bleeding and the need to change your dressing frequently. Bloody discharge is common after any types of ear surgery.
- ⑩ Excessive swelling
- ⑩ Discharge from the ear or from the wound area with a bad smell.
- ⑩ Allergic reactions to medications(s).
- ⑩ If you think you need more support.

The CNY Medical Professionals office phone number is **607-753-6560**.

*Thank you for allowing us to care for you at the Cortland Surgical Center
if you have any questions please contact us at (607) 662 - 4521*