The Children’s Hospital

Mastoid Surgery

(including: Mastoidectomy, Combined Approach Tympanoplasty, Ossiculoplasty)

Information for parents
Your child is being admitted for surgery on the mastoid bone.

Your child’s specific operation is called

What is the mastoid bone?
The mastoid bone is the bony prominence that can be felt just behind the ear. It contains a number of air spaces and connects with the air space in the middle ear. For this reason ear diseases in the middle ear can extend into the mastoid bone.

What is mastoid surgery?
Mastoid surgery is an operation on the mastoid bone. This operation may be necessary when infection within the middle ear extends into the mastoid. Most commonly this is caused by a pocket of skin which grows from the outer ear into the middle ear – known as a cholesteatoma.

A cholesteatoma causes infection, with discharge from the ear and some hearing loss. The pocket slowly gets bigger over a period of several years, and causes gradual erosion (wearing away) of the surrounding structures. Erosion of the ossicles (the tiny bones of hearing) can result in hearing loss.
What are the benefits of the operation?

The benefits may include:

- removal of the infection and preventing its spread
- improvement in hearing, once the ossicles (tiny bones of hearing) have been repaired – this may be done at a later operation
- to stop the discharge from the ear
- fewer ear infections, especially serious infections.

What are the risks?

Your child may experience some taste disturbance, as the taste nerve runs close to the eardrum and may occasionally be damaged. This can cause an abnormal taste on one side of the tongue. This is usually temporary but occasionally it can be permanent.

Dizziness is common for a few hours after the surgery. On rare occasions, dizziness is prolonged.

Your child may hear noise in the ear (tinnitus).
The nerve for the muscle of the face runs through the ear. Therefore, there is a small chance of a facial paralysis. This affects the movement of the facial muscles for closing the eye, smiling and raising the forehead. The paralysis can be partial or complete. It may occur immediately after surgery or have a delayed onset. Recovery can be complete or partial.

Total and permanent deafness in the operated ear is a very rare but serious risk.

The doctor will discuss these risks with you in more detail.

**Are there any alternatives?**

Surgery is the only way to get rid of this infection.

**Consent**

We will ask for your written consent for your child’s operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

**How is the operation done?**

The operation is done under a general anaesthetic, normally as a day case. Your child will be asleep throughout.

**In the anaesthetic room**

A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child can either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’) can be placed on the hand or arm before
injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep, you will be asked to leave promptly. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with your child at all times.

**Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.
What happens during the operation?

A cut is made behind the ear or above the ear opening to get a good view of the middle ear.

The surgeon may also explore the air spaces of the mastoid, behind the middle ear, and remove any infection.

If the tiny bones need repairing then either a synthetic bone or sometimes part of the child’s own bone can be used to repair the bones. This may be done at a later operation.

At the end of the operation dressings are placed in the ear canal. Your child may have an external dressing and a head bandage for a few hours.

After the operation

Your named nurse will make regular checks of your child’s pulse, temperature and wound and also make sure that your child has adequate pain relief until you are discharged home (Please see our separate pain relief leaflet.)

Recovery from the anaesthetic

Once your child is awake from the anaesthetic they can start drinking, and if they are not sick they can start eating their normal diet.

The minimum recovery time before discharge is 4 hours. Your child cannot go home on public transport after a general anaesthetic.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid. If the vomiting persists for longer, please contact your GP.

Dizziness is common for a few hours following the surgery. On rare occasions, dizziness is prolonged.
The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

**Wound care and hygiene**

The ear and suture line (where the wound has been stitched) should be kept clean and dry. It is important that the internal packing is not disturbed – this will be removed at the follow-up appointment. If any of the packing falls out of the ear, cut it without removing any more. Renew the cotton wool protecting the internal packing if it becomes soiled.

The cotton wool may need changing frequently for the first 48 hours, and then only when it becomes soiled, falls out or when you administer ear drops.

**How to administer ear drops**

You will be given some ear drops to use at home. Please follow these instructions for administering the ear drops.

- Wash your hands.
- Take out the old cotton wool.
- Lay you child on his/her side and put 2 drops into the ear; let the drops soak into the dressing.
- Place a clean piece of cotton wool into the ear.
- Do not add more cotton wool without removing the old piece.
- Keep using the drops until your outpatient appointment for dressing removal 2-3 weeks after the surgery. If you stop using the drops the dressing may become hard and difficult to remove.

There are no stitches to be removed as they will dissolve on their own. The paper strips can be removed one week after surgery and the wound washed with normal soap and water, but please continue to keep water out of the ear itself.
Follow-up care

Your child may experience some ear ache for a few days which should gradually get better. (Please see our separate pain relief leaflet.) Please have adequate Paracetamol and Ibuprofen at home.

You will be given an outpatient appointment in 2 - 3 weeks’ time for the internal packing to be removed.

Your child should keep his/her ear completely dry until after the surgeon has checked it is safe to let water into your child’s ear.

Getting back to normal

Your child will benefit from extra rest for a few days after the operation. S/he should remain home from school for 7-10 days or until after the internal packing has been removed from the ear.

Until the surgeon has checked that the ear has healed your child should avoid the following:

• blowing his or her nose too vigorously or sneezing violently
• swimming.
• Your child should also avoid any exercise and sports for 4 weeks after the surgery.
Contacts and telephone numbers

If you have any questions or concerns, or you are worried about your child, you can telephone the wards for advice.

Your named nurse is ........................................................................................................

John Radcliffe Hospital Switchboard: (01865) 741166
Children’s Day Care Ward: (01865) 234148
Robin’s Ward: (01865) 231254/5
Tom’s Ward: (01865) 2341089
Drayson Ward: (01865) 231237

Further information

www.entuk.org (British Association of Otorhinolaryngologists)
The Royal College of Anaesthetists (2008) Your child’s general anaesthetic: Information for parents and guardians of children
London: RCOA
www.rcoa.ac.uk
Please bring this leaflet with you on the day of your child’s admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk