

The Children's Hospital

Mastoid Surgery

(including: Mastoidectomy, Combined
Approach Tympanoplasty, Ossiculoplasty)

Information for parents and carers



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

Your child's specific operation is called

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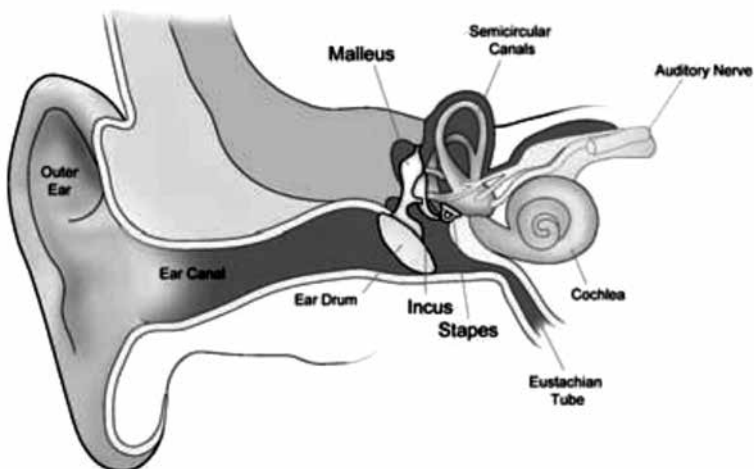
What is the mastoid bone?

The mastoid bone is the bony area 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 spread 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 spreads 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.



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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 during a later operation.
- stopping 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 can last for longer.
- Your child may hear noise in their ear (tinnitus).
- There is a small chance of a facial paralysis, because the nerve for the muscle of the face runs through the ear. This affects the movement of the facial muscles for closing the eye, smiling and raising the forehead. It may occur immediately after surgery or at a later time. 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.

For information about the anaesthetic risks, please see page 7.

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.

What happens during the operation?

The operation is carried out under a general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout 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 ossicles (tiny bones of hearing) 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 during a later operation.

At the end of the operation the wound will be closed with dissolvable stitches and dressings are placed in the ear canal.

These dressings will remain in your child's ear for 2-3 weeks. Your child may also have an external dressing and a head bandage for a few hours.

Consent

We will ask you for your written consent (agreement) for the 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.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

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 talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may 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 put on their hand or arm before injections so they do not hurt as 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 go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

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 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

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, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

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 dressing in your child's ear is not disturbed. This will be removed at the follow-up appointment, in 2-3 weeks' time.

If any of the dressing falls out of the ear, cut it without removing any more. Renew the cotton wool protecting the internal dressing 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.

There are no stitches to be removed as they will dissolve on their own. The paper strips covering the stitches 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.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- any redness or swelling
- bleeding or leaking from the wound
- new or increased pain not relieved with regular painkillers
- your child has a high temperature (this could be a sign of infection).

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 your child on their side and put 2 drops into their 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 child's 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.

Getting back to normal

Your child will benefit from extra rest for a few days after the operation. They should remain home from school for 7-10 days, or until after the dressing has been removed from their ear.

Your child should keep their ear completely dry until after the surgeon has checked it is safe to let water into their ear.

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

- blowing their nose too vigorously or sneezing violently
- swimming
- any exercise and sports for 4 weeks after the surgery.

Follow-up care

Your child may have some ear ache for a few days, but this should gradually get better.

Please make sure you have enough children's paracetamol and ibuprofen at home. We may give you a short supply of these to take home, but you might need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your child will be given an outpatient appointment in 2-3 weeks' time, for the dressing in their ear to be removed. You should be given this appointment before you leave the hospital.

How to contact us if you have any concerns.

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward: **01865 234 148/9**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: **01865 231 254/5**

Melanie's Ward: **01865 234 054/55**

Tom's Ward: **01865 234 108/9**

Bellhouse Drayson: **01865 234 049**

Kamran's Ward: **01865 234 068/9**

Horton General Hospital Children's Ward: **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

Further information

British Association of Otorhinolaryngologists

www.entuk.org/patient-information-leaflets-1

References

¹From the Royal College of Anaesthetists (2014) Fourth Edition
Your child's general anaesthetic. Information for parents and
guardians of children.

www.rcoa.ac.uk/patientinfo

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 have a specific requirement, need an interpreter,
a document in Easy Read, another language, large print,
Braille or audio version, please call **01865 221 473**
or email **PALS@ouh.nhs.uk**

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August 2018

Review: August 2021

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