



SUBURBAN
Ear, Nose & Throat
Associates, Ltd.

Byron Eisenstein, M.D.

Lon J. Petchenik, M.D.

George Smyrniotis, M.D.

Glenn J. Schwartz, M.D.

Kirk Clark, M.D.

Allan A. Ho, M.D.

Maria L. Wittkopf, M.D.

Emeritus

Ralph A. Casciaro, M.D.

Henry Rabinowitz, M.D.

880 West Central Road

Suite 7200

Arlington Heights, IL 60005

Telephone: (847) 259-2530

Fax: (847) 259-2536

- Diseases of the Ear, Nose & Throat
 - Adults and Children
 - Head and Neck Surgery
 - Facial Cosmetic and Reconstructive Surgery

MASTOIDECTOMY (WITH OR WITHOUT TYMPANOPLASTY)
INFORMATION/POSTOPERATIVE INSTRUCTIONS and
INFORMED SURGICAL CONSENT

Typically, mastoidectomy (with or without tympanoplasty) is recommended for patients that have cholesteatoma and/or a chronically infected ear that has failed medical management.

Generally, mastoidectomy is performed either as a "canal-wall-up" or "canal-wall-down" technique. The decision on which technique is sometimes determined at surgery and other times determined prior to surgery. Numerous factors help us decide which technique is best for you.

Canal-wall-up procedures have the advantage of less local wound care in the initial healing period, as well as over the years. However, canal-wall-up procedures have a significantly higher incidence of recurrent cholesteatoma that would require further surgery. In addition, with canal-wall-up surgery, it is often recommended that you undergo a second planned surgery to determine if there is recurrent cholesteatoma.

Canal-wall-down technique allows for an open cavity in which we are able to better access the site of previous cholesteatoma or infection. Canal-wall-down procedures have a lower chance of needing further revision surgeries, however, there is significantly more office care needed over time. Even when healed well, occasional visits with your Otolaryngologist will be needed for the remainder of your lifetime. As well, with canal-wall-down procedures, a meatoplasty is performed (enlarging the opening of the ear canal to visualize the mastoid cavity).

During your evaluation, a complete history and physical examination is performed. A special x-ray called a CT scan of your temporal bones (the skull bone that contains the structures of the ear) may be obtained during your workup to visualize your particular anatomy that lets us see the extent of disease in your ear.

TWO WEEKS BEFORE SURGERY: Nonsteroidal anti-inflammatory drugs (NSAIDs) should be strictly avoided for two weeks prior to surgery. Medications in this family include: aspirin, ibuprofen, Advil, Motrin, Aleve, naproxen, Celebrex and others. These medicines increase the risk of bleeding. Also, discontinue all homeopathic alternative medicines such as ginkgo biloba or ginseng. These too may increase bleeding. Tylenol (acetaminophen) is not an NSAID, therefore, can be taken prior to surgery.

NIGHT BEFORE SURGERY: No solid foods (that includes milk, cream, etc) for eight hours prior to surgery. Typically this means NO solid foods after midnight before the surgery. Small volumes of clear liquid may be taken up to four hours prior to surgery. This includes water, tea, Gatorade and coffee (with NO milk or cream).

HOSPITAL STAY: Mastoidectomy with or without tympanoplasty in children and adults is usually done as an outpatient and does not require an overnight hospital stay. On occasion, a patient may need to stay overnight. Check with

your insurance company to see if this hospitalization is covered by your policy. A decision to admit overnight may be made after surgery, if necessary.

LAB WORK: If lab work is needed, it is done prior to surgery. Your labs may be obtained just after the preoperative examination. Your insurance carrier may dictate the lab where the blood is drawn.

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with surgery. In addition, you must understand your alternatives to the surgery. Your alternative is not to have the surgery performed, and continue with medical management of your problem. This would leave you in your current condition.

SURGICAL RISKS

The risks of mastoidectomy with or without tympanoplasty will be discussed at the preoperative visit - and should be completely understood by the patient prior to surgery.

BLEEDING: Bleeding is usually insignificant during this ear surgery. If significant bleeding was to occur, then the procedure is terminated.

INFECTION: Immediate postoperative infection or early postoperative infection is rare. You will likely be given a preoperative and postoperative antibiotic.

Local infection with drainage in a healed canal-wall-down mastoid cavity is relatively common. This typically requires topical antiseptics, frequent in-office local wound care and on occasion, oral antibiotics. On occasion, revision surgery is needed.

RECURRENT DISEASE: Both cholesteatoma and chronic infection can recur. This may lead to an unplanned or planned revision surgery months or years later.

HEARING LOSS: Your hearing may not change with the surgery. On occasion, we can improve your hearing by rebuilding the middle ear bones (ossiculoplasty or ossicular chain reconstruction). Sometimes this is done during a planned second stage surgery months later. Your surgery carries a <1% chance of completely losing the hearing in the ear that is to have the surgery. There is a small chance of hearing worse in the ear after surgery, as compared to prior to the surgery.

TINNITUS: There is a small risk of causing tinnitus (ringing in the ear) with your surgery or making it worse if you had tinnitus pre-operatively.

FACIAL NERVE INJURY: During surgery, we monitor the function of your facial nerve. There is a <2% risk of injuring the facial nerve. This nerve controls the facial muscles on the side of surgery. Injury to this nerve can cause immobility and drooping of the tissues on that side of your face. If there is injury, surgical repair would be performed; however, normal mobility of the face would not be expected.

TASTE CHANGE: There is a small nerve that runs in your middle ear that often needs to be removed to adequately treat your cholesteatoma or chronic infection. You may experience a metallic taste in your mouth for several months. This would dissipate over time. It is generally not a problem.

CEREBROSPINAL FLUID LEAK: The top of the mastoid and middle ear bone borders a portion of the brain. There is a very small risk of injury to the covering of the brain, which would lead to leak of "spinal fluid" out your ear. If this occurs, this would require further surgery for repair. If this occurs in surgery, a repair would be performed at that time.

BRAIN INJURY: The brain lies within millimeters of the mastoid cavity. If injury was to occur, this is not repairable.

ANESTHESIA RISKS: As with any type of surgery, the risks of anesthesia such as drug reaction, breathing difficulties and even a very remote chance of death are possible. Please discuss these risks with your anesthesiologist.

GENERAL POSTOPERATIVE CARE

1. Please keep your ear dry after surgery. When your doctor allows you to shower, the ear can be closed off with a cotton ball lightly coated in Vaseline and/or you may place a small cup over your ear during shower.
2. Nose blowing: We request minimal nose blowing for three or four weeks after surgery as this may dislodge any graft reconstruction that may have been performed.
3. Exercise: We request only casual activity for the first two weeks after surgery. Thereafter, exercise is generally allowed.
4. Postoperative visits: You may be asked to return to our office one to two days after surgery and then typically seven to nine days after surgery. Over the next several months, we will ask that you return several times depending on the procedure performed.
5. If there are any questions or concerns, please feel free to contact us at our office number (847)259-2530.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient Name printed: _____

Patient or Parent/Guardian/POA signature: _____

Parent/Guardian/POA printed name (if applies): _____

Parent/Guardian/POA relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____