

ENT08 Surgery for Cholesteatoma

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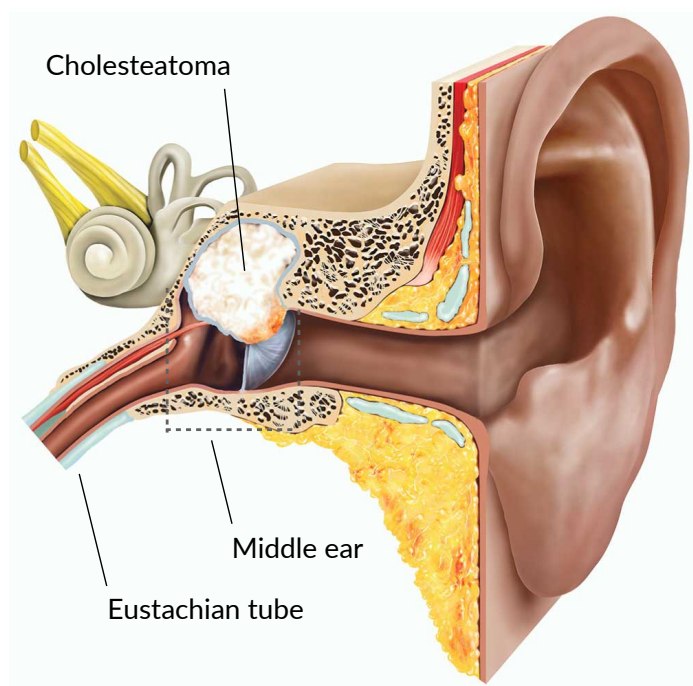
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What is a cholesteatoma?

A cholesteatoma is where a sac of dead skin cells forms in a pocket in your middle ear. The pocket is probably caused by your eardrum becoming sucked inwards. The cholesteatoma will slowly get larger and eventually fill your middle ear and mastoid bone. The cholesteatoma can cause an unpleasant-smelling discharge and loss of hearing.



A cholesteatoma in the middle ear

Your surgeon has suggested surgery for cholesteatoma. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

The aim is to remove the cholesteatoma and stop the discharge. It may be possible to improve your hearing at the same time. However, you may need another operation to improve your hearing. Sometimes hearing cannot be improved.

Are there any alternatives to surgery?

Surgery is the only way to remove the cholesteatoma.

Regular cleaning and antibiotics will help to keep any unpleasant-smelling discharge or infection under control. However, this will not prevent the complications that a cholesteatoma can cause.

What will happen if I decide not to have the operation?

The cholesteatoma will continue to grow and may damage the bones in and near your ear. This can cause serious complications such as hearing loss, facial weakness and dizziness.

The cholesteatoma can damage the small bone plate that separates your ear from your brain, causing a brain abscess or meningitis (risk: 1 in 10,000).

Infection can spread to the mastoid bone, causing mastoiditis (risk: 7 in 10,000). Infection can also spread to your neck, causing a neck abscess.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 2 to 3 hours. You may also have injections of local anaesthetic to help with the pain after the operation.

Your surgeon will make a cut in front of or behind your ear. They will remove bone from around the cholesteatoma to see where it has spread to, and remove it.

Your surgeon may need to remove the bone of your ear canal so they can remove all the cholesteatoma. If this happens, they will shape the bone behind your ear (mastoid bone) into a cavity that opens into your ear.

They will need to make your ear canal slightly larger to allow enough air into your ear to help keep the cavity dry. Your surgeon will also need to make a graft for your eardrum using either the covering of a muscle just above your ear or some cartilage from your ear.

If the cholesteatoma has damaged the bones in your ear, your surgeon may be able to repair them during the operation.

Your surgeon will place a pack in your ear and your ear will be bandaged.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health

problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. This may cause the area around your ear to be bruised. Rarely, a blood clot may develop under your skin and you will need another operation to remove it.
- Infection of the surgical site (wound) which may cause the graft to fail. Let your surgeon know if you get a discharge from your ear, or your ear becomes red or swells. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Hearing loss, which may be total and permanent (risk: less than 1 in 100).
- Numbness of your ear. This usually gets better within 3 months.
- Damage to the facial nerve (risk: 1 in 1,000). The muscles on the side of your face will weaken.
- Change of taste, as the nerve responsible for taste passes just under your eardrum and may be stretched or damaged. Taste will usually return to normal after a few months.
- Dizziness, which usually gets better. If you already have dizziness, it may continue.
- Tinnitus (ringing in your ear). If you already have tinnitus, it will probably stay the same but may get worse.
- Ear discharge. If the mastoid bone was formed into a cavity, you may get an ear discharge for a few weeks until the cavity has healed. You may need to go to hospital to have your ear cleaned. Even after the cavity has healed, you may continue to get an ear discharge from time to time (risk: 1 in 20). When this happens, you may need to use antibiotic eardrops or go to the hospital to have your ear cleaned.
- Allergic reaction to the pack material, which results in pain, swelling and discharge from your ear and may also cause the graft to fail. Let your surgeon know if you are allergic to iodine.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the

operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort.
- Unsightly scarring of your skin. The scar is usually faint and neat.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will have a large bandage around your head for the first night. The bandage will usually be removed before you go home.

You should be able to go home the next day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Your surgeon will tell you when you can return to normal activities. You should be able to return to work after about 3 weeks.

If your surgeon needed to shape your mastoid bone into a cavity, you will probably need to come back to the clinic several times in the first few months until the cavity has healed completely.

You will need to come back to the clinic after about 3 weeks for the healthcare team to change the pack. Sometimes eardrops are given at this visit.

Your surgeon will be able to tell you when it is safe for you to fly.

Protect your ear from water using cotton wool and Vaseline, and do not swim until your surgeon has

told you that your ear has healed. This will usually take about 6 weeks but can take longer.

If your surgeon needed to shape your mastoid bone, it may not be safe for you to swim even after your ear has healed. Your surgeon will discuss this with you. If you do swim, you may need to use an earplug to prevent too much water from going into your ear. You may get dizzy if you get cold water in your ear, so you should not dive.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor. Let the Driver and Vehicle Licensing Agency (DVLA) know if you have any dizziness.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most people make a good recovery. However, if the bone of your ear canal was not removed, some cholesteatoma may be left behind (risk: 1 in 3).

You will need another operation to remove all the cholesteatoma. The risk is much lower if a mastoid cavity was formed.

Summary

A cholesteatoma can damage your ear and cause serious complications. Surgery is the only way you can be cured.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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