

RISKS AND COMPLICATIONS OR TYMPANOPLASTY AND MASTOIDECTOMY

PLANNED OPERATION_____

ALTERNATIVE TREATMENT_____

Tympanoplasty and mastoidectomy are procedures designed to remove infection from a chronically diseased ear and repair and rebuild the eardrum and little bones of hearing to restore hearing and remove the infection from the ear.

Your ear problem may be helped by a tympanoplasty or tympanomastoidectomy. As with any surgery there are also risks. You must keep in mind that you may not benefit from the surgery and there is a slight chance your hearing may be worse after surgery. The following information will help you understand the results and risks of a tympanoplasty or tympanomastoidectomy. The substantial risks involve include:

- 1. Hearing:** Although most of our patients experience a hearing improvement after surgery some have the same hearing and a few have a further or complete loss of hearing. At times a second procedure may be done to attempt hearing improvement.
- 2. Dizziness:** Dizziness may occur immediately following surgery due to swelling in the ear and irritation of the inner ear structures. Some unsteadiness may persist for a week post-operatively. Only rarely is dizziness prolonged in patients.
- 3. Taste Disturbance:** The nerve that supplies one third of the taste to the tongue runs through the middle ear and may have to be pushed aside or cut in order to do ear surgery. Therefore, temporary taste disturbance occurs in most of our patients and usually lasts about three months. It can last as long as one year and permanent taste disturbance and dryness of the mouth occurs occasionally.
- 4. Tinnitus or Ringing:** Ringing in the ear is often present in patients who have a hearing loss. Therefore, most patients already have ringing before surgery. After surgery ringing is usually less but can be worse in a rare case.
- 5. Facial Nerve Paralysis:** The left and right facial nerves control movement. A separate nerve runs through the middle ear and mastoid bone on each side of the head. A temporary paralysis is possible due to swelling or bruising the facial nerve, but has occurred in very few of our patients. If a severe injury to the nerve occurs, a residual weakness will remain permanently.
- 6. Perforation:** Our purpose is to close the eardrum hole, but not all patients heal the same and the hole may reappear. Nearly all our patients have an intact eardrum after surgery, but some do develop another perforation. A post-operative perforation can usually be repaired at a second revision procedure.
- 7. Infection:** The major purpose of this surgery is to remove infection and the chance of infection clearing is very high. However, we are not always successful in curing infection with the surgical procedure. In some cases, a two stage operation is necessary, especially if a cholesteatoma (skin disease in the ear) is found.

I have read and understand the above information. I have been given the opportunity to ask any questions regarding this surgery.