STAPEDECTOMY

Purpose
Otosclerosis is a condition where the ear forms excess bone at the site where the ear bones meet the inner ear. The stapes bone is the last of the three bones in the middle ear. It is the one that connects to the inner ear at the oval window. Otosclerosis causes new bone deposits to form at the oval window, fixing the stapes bone so that it cannot vibrate. Stapedectomy is an operation to remove the stapes bone and replace it with a prosthesis. This can significantly improve your hearing. Patients who have hearing loss from otosclerosis are usually excellent candidates for a hearing aid to help them hear. This is an alternative to having the surgery.

Procedure
The operation is done in a hospital. It can be done under general anesthesia or under local anesthesia using sedation. Incisions are made in the ear canal and the eardrum is lifted up. If the ear canal is very narrow, it is sometimes necessary to make an incision behind the ear. The ear bones are examined and the diagnosis confirmed by assessing their movement. The stapes bone is then removed. A replacement prosthesis is then placed. The eardrum is then laid back in its normal position and the ear canal packed to hold everything in its proper position. The patient then goes to the recovery room. Patients usually stay overnight and are discharged the next day.

Recovery
Most patients will miss about a week of work or school. During this week you should rest with your head elevated. This minimizes bleeding and pain and helps the swelling to resolve. There will be some bleeding and discharge from the ear. A cotton ball is kept in the ear to absorb the drainage. This cotton ball should be replaced as needed if it becomes saturated. If there is an incision behind the ear it should be cleaned gently twice a day with peroxide. After cleaning, a light coating of antibiotic ointment should be applied to the incision. The incision should be kept dry. Sutures will be removed after one week. Dizziness is common and will gradually pass. Narcotics will be prescribed for pain management. The inner ear needs to regain its seal. It is imperative that you not bend, lift or strain. This may cause a leak of fluid from the inner ear which will create dizziness. The eardrum needs time to heal. You may not blow your nose until the doctor tells you it is okay to do so. Forceful nose-blowing may disrupt the repair. You should not fly for the first month after the operation, due to the pressure changes involved in air travel. It is also necessary to keep all water out of the ear. For showering and bathing, a cotton ball coated with vaseline should be placed in the ear. The vaseline will make the cotton water-proof and prevent water from entering the ear. The packing in the ear will gradually dissolve. Your surgeon may clean part of the packing out in the office. It usually takes several months for the ear to heal fully, to the point where you will be able to resume all normal activity.

Risks and Complications

28. The ear is a very delicate structure containing the hearing organ, the balance organ, the nerve that moves the muscles of the face, and the nerve that supplies taste to one side of the tongue. The following risks are inherent in any ear surgery:

29. Usually your hearing will be the same or better after the surgery. It is possible to have worse hearing, though this is very uncommon. Complete and permanent hearing loss in the ear is possible, with about a 1 -2% chance.

30. The facial nerve is the nerve which moves the muscles of one side of the face. The nerve travels through the middle ear and must be carefully avoided during the surgery. Injury to the nerve is very uncommon, though possible with this procedure.

31. The nerve which supplies taste sensation to one side of the tongue travels through the middle ear and must be carefully avoided during the surgery. Injury to the nerve is very uncommon, though possible with this procedure.

32. The balance organ is part of your ear. Temporary mild dizziness is common after ear surgery. Permanent dizziness is rare after this type of ear surgery.

33. The eardrum is lifted up as part of the surgery. If the eardrum tears it may heal with a hole in the eardrum. This is an uncommon complication. It can be repaired but this may require another procedure.

34. Bleeding and infection are possible, as with any surgery. There is not a high incidence of either of these complications with this type of surgery.

We ask that you sign below to indicate that you have read, understand, and accept the risks and complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.