



Manchester University
NHS Foundation Trust

Royal Manchester Children's Hospital

Paediatric Otorhinolaryngology (ENT)

Elective Tympanomastoid Exploration

Information for Parents, Carers and Patients

Consultant:

Tel:





What is the mastoid?

Your mastoid is the bone you can feel just behind your ear. It contains air filled spaces giving it a honeycomb appearance. It connects with the air spaces of the middle ear. For this reason, infections or other conditions affecting the middle ear can spread into the mastoid bone

What is a tympanomastoid exploration?

Tympanomastoid exploration refers to a surgical procedure carried out to remove part or all of the mastoid bone as well as opening up the middle ear to be able to remove infection. Most commonly, your child will require this surgery due to a pocket of skin cells called a cholesteatoma.

What is a cholesteatoma?

A cholesteatoma is a pocket of skin cells that can become infected causing ear discharge (often foul-smelling but painless). Over time, this pocket continues to grow and expand and will eventually erode (wear away) the surrounding structures. Some of the surrounding structures which can be affected are the ossicles. These are the little bones of hearing which live in the middle ear. Should this happen, a hearing loss and/or ringing in the ears (tinnitus) can occur.

Over time, the cholesteatoma can affect other structures nearby. These include the organs of balance. If this happens, your child may develop dizziness or a spinning sensation (vertigo).

The facial nerve which moves the face/controls facial muscles runs through the middle ear. Over time (usually years), the cholesteatoma may either wear away (erode) or put pressure on this nerve leading to weakness of the facial muscles. Even more rarely, it is possible for the infection to spread to your child's brain causing meningitis or an abscess to form.





What are the benefits of this procedure?

- Removing or debulking of the cholesteatoma and preventing its spread
- Stopping discharge from the ear
- Reducing the risk of those potentially serious complications of cholesteatoma listed above
- preserving your child's hearing

What are the risks of this procedure?

As with all surgery, tympanomastoid exploration is associated with some risks. These include:

- Infection (if this occurs, either topical (in the ear) antibiotic drops or oral antibiotics are usually sufficient to treat it)
- Bleeding (some blood stained discharge from the ear for 1-2 weeks after surgery is not uncommon)
- Altered taste (the nerve which supplies taste sensation runs close to the eardrum and can sometimes be damaged. If so, this is normally temporary but it may be permanent)
- Dizziness (if present, this is usually temporary)
- Ringing in the ear also known as tinnitus (if present, this is usually temporary)
- Damage to the facial nerve as it runs through the middle ear (this may occur immediately after surgery or after a few days. This may be temporary or permanent. During the operation, your child's facial nerve will be monitored throughout to minimize the risk of damage)
- Total and permanent hearing loss (this is a very rare complication of surgery)
- Leakage of brain fluid (again this is a very rare complication of surgery)
- There is a very small risk with any anaesthetic. However, modern anaesthetics are very safe
- Residual disease
- Recurrence of disease





It is important to state that if left untreated, a cholesteatoma may cause any or all of the issues above

What will happen on the day of the procedure?

Information about how to prepare your child for their operation will be included in their admission letter. It is important to follow these instructions. Failure to do so may result in the procedure being delayed or cancelled.

Your surgeon will speak to you on the day of surgery to once again go through the procedure, risks and complications with you and to answer any questions you may have following your clinic review. As the tympanomastoid exploration is performed under a general anaesthetic, your child will also be reviewed by an anaesthetist on the day of surgery. They will be able to answer any questions you may have relating to the general anaesthetic.

Once your child is asleep, the procedure takes approximately 3-4 hours. An incision is made behind the ear. The surgeon carefully and gradually removes the mastoid bone and lifts the eardrum until he/she is able to see the cholesteatoma and either remove or debulk it. At the end of the procedure, the wound will be closed with dissolvable stitches and some packing placed in the ear canal. This packing helps the healing process and is usually left in place for 2-3 weeks. Some external dressings and a head bandage will be placed over the ear at the end of the procedure. These will normally be removed either a few hours later or the following morning.



What will my child be like afterwards?

Your child will recover from the anaesthetic in the recovery room and then be taken to the ward. It is not uncommon for children to be a little tired and disorientated after a general anaesthetic.

Your child can drink as soon as they are awake. Nursing staff will advise



you when your child may eat.

It is quite common after ear surgery for children to feel dizzy and sick. The ward nurses will manage this and give anti sickness medications as needed to help your child.

How long will my child be in hospital?

Your surgeon will speak to you again following the procedure to let you know how it went. It is most likely your child will be able to go home the next morning. Your surgeon may decide your child can be discharged on the same day but this will depend on the length of surgery and how your child recovers. If they can go home the same day, it is usually about four hours after they arrive in recovery.

Will my child have any pain following the operation?

It is normal after surgery for your child to experience some ear pain. The ward nurses will manage your child's pain and give analgesia regularly. If your child is still requiring pain relief medication at discharge your nurse will inform you of the time they last had medication.

When can my child go back to school?

Your child can go back to school once you feel they are back to normal. This is usually within 1 week of surgery

Is there anything I need to watch for when my child goes home?

Your child may still have pain associated with the wound site which should be manageable with over-the-counter pain relief.



It is important that strict water precautions are observed on the operated ear until your child is seen again in clinic. You can use some cotton wool and Vaseline to help keep water out of the ear at bath time.

Sometimes, the packing may start to fall out of the ear. The packing looks like a yellow ribbon and often has an antiseptic smell. If some of the ribbon has come out, simply trim the bit which is out with some clean scissors and contact the ward for further advice. If the packing comes out completely, it may be necessary for your child to come to clinic sooner to have it replaced. However, this is very uncommon.

Some blood-stained discharge can also occur in the first few days after surgery. This is not uncommon and is part of the healing process. However, if it is continuous and foul-smelling, please contact the number on the front of this leaflet for advice.

Will my child need to be seen at the hospital again?

Your child will be given an appointment 2-3 weeks after the operation when the dressing in the ear canal will be removed. Once they have examined the ear, your doctor will explain the timeline for further follow up.

If your child is unwell in anyway when they are due to come into hospital, please contact the Admissions Department for advice.

If you are worried about anything or require further information please contact the ward.

Covid and surgery

It is likely that having an operation while carrying the Covid-19 virus causes an additional risk of developing complications. How much of a risk this is in children remains unclear. Whilst we are awaiting more details around this, we have taken precautions both prior to admission as well as during hospital stay to limit the risk of Covid-19 in the peri-operative period.

Questions

We understand that there may be questions that either you or your child



would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below.

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Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.



Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaa xiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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TIG 100/17 Produced October 2017 Review Date October 2018 (SF Taylor CM17403)

