

STAPEDECTOMY

Stapedectomy is performed in order to restore hearing. It involves a tissue graft, which replaces the tiny middle ear bone the stapes (stirrup) with artificial prosthesis. Complications from stapedectomy are infrequent and seem to be related to the presence of uncommon variations in anatomy. The incidence of total hearing loss reported by the most experienced surgeons is about 1 in 200 cases. Facial nerve paralysis is extremely rare for stapedectomy. Loss of the taste on the side of the tongue is a common postoperative complaint that usually resolves in 2 months. Some dizziness after a surgery is normal and may last for a few days or weeks, but disabling dizziness may indicate dizziness to the inner ear and the surgeon should be informed. Tinnitus (ringing in the ear) that was present before surgery usually persists, although in some cases may cease following surgery. On the other hand, tinnitus may develop as a result of surgery, but thus is uncommon. Hearing loss that does not improve or becomes worse as a result of surgery occurs in about 2% of the cases. This is often due to a condition such as an congenital abnormality of the facial nerve, incus, round window or massive obliteration of the stapes footplate causing surgery to be incomplete or impossible. a hearing aid may be a reasonable alternative to surgery and the option of surgery or a hearing aid should be discussed. Unless otherwise advised by your surgeon, stapedectomy for otosclerosis (formation of spongy bone in regions of the ear resulting in increasing deafness) is an elective procedure.

At approximately 4 days following surgery, a follow-up visit is scheduled in order to clean crusts from the surgical site. A fourth follow-up visit is then scheduled in 2 to 6 weeks.

POST-OP INSTRUCTIONS

You should stay at home for 1 day, especially, if you have had any medications. Do not drive or do anything requiring good coordination for 24 hours.

If general anesthesia is used, you may nauseated. This usually occurs after a few hours. If the nausea persists or you vomit repeatedly, your physician should be contacted. Gradually increase to normal activity over a 1-week period.

- Do not blow your nose. Blowing your nose, coughing or sneezing increases pressure inside your ears and may cause damage to your operation. If you must cough or sneeze, do so with your mouth open.
- Stay in bed with your head elevated for the first 2 days after surgery.
- Do not allow water to enter the ear unless advised by your physician that the ear is healed. You may take a shower and wash your hair after 24 hours but you must protect the ear with a cotton ball and petroleum jelly covering the outer ear canal.
- You may change the cotton ball on the outside of your ear, but do not disturb the packing in the ear canal.
- Take antibiotics as prescribed by your physician. They are necessary to avoid infections.
- The ear drops prescribed by your physician should be put directly on the packing in your ear. They will soften the packing and make it easier for your physician to remove it.

RISKS AND COMPLICATIONS

As with any surgery, there are possible risks and complications. These include the following:

- You may have a certain amount of pulsation, popping, clicking and other sounds in the ear as well as a feeling of fullness in the ear. At times, there also may feel as if there is liquid in the ear. These sensations are normal.
- For the first couple of days, a small amount of fluid may drain from the wound.
- It is rare for a hearing improvement to be noted immediately following surgery. Due to swelling of ear tissues and the placement of packing in the ear canal, it may even temporarily worsen. After the packing is removed, an improvement may be noted, but maximum improvement could require six months. Please be patient.
- Call our office if there is any evidence of excessive bleeding or an unusual amount of pain, swelling, fever, dizziness, vomiting or disorientation.

CAUTIONS

- If you have plans to fly or travel to a high altitude, such as over mountains, contact our office.
- Scuba diving or any underwater diving is prohibited until clearance is obtained from the physician.
- As always, avoid loud noises to protect your from noise injuries.
- Avoid strenuous exercise (i.e. aerobics, jogging, weight lifting, etc.) or staining unless cleared by the physician. In general, lift nothing heavier than your shoes for the first six weeks following surgery.

ADDITIONAL INSTRUCTIONS

You may continue with normal diet as tolerated. Take antibiotics and pain medication as prescribed. It may take five to six weeks for full recovery and improvement in symptoms. Please be patient.