



## Stapedectomy Patient Information Sheet

This is an operation to remove part of the fixed stapes bone in the middle ear and replace it with a small piston (normally 4.5mm long). The operation is performed by operating down the ear canal although in about 5% cases the ear canal is too narrow and a small incision is made in front of the ear to facilitate the surgery. The ear drum is lifted up and the stirrup part of the stapes bone is removed using either a purpose designed micro drill or a laser.

A hole is then drilled or lasered through the baseplate of the stapes for the artificial piston to sit in. Before the piston is put in the hole a small segment of vein (taken from the back of the hand) is placed over the hole to stop inner ear fluid from escaping. The piston is then placed over the vein graft and into the hole. Although the vein technique is technically more demanding I think it gives a safer long term result.

In excess of 90% of cases the hearing is improved. In about 5% cases the hearing is about the same and in up to 5% cases the hearing could be worse or even go altogether on the operated side. I have personally had only one case where the hearing went altogether (in 1993) in about 200 cases.

The surgery is not normally painful and most require only a few doses of paracetamol afterwards.

### ***Risks of the surgery:***

#### **Deafness:**

As above there is a very small chance of the hearing getting worse or going altogether.

#### **Tinnitus:**

There is a small chance of tinnitus. If you already have tinnitus it often gets better although sometimes stays the same and rarely gets worse.

#### **Vertigo:**

There is often short lived (48 hours) vertigo, although rarely it could be longer.

#### **Taste:**

The nerve that supplies taste to the front of the tongue on the operated side runs through the area of surgery and there is up to a 10% chance that this could be damaged, either stretched or cut. This can cause a metallic type taste on the edge of

the tongue although most people are no longer aware of this by about nine months later

**Perforation:**

There is a small chance of developing a tear in the eardrum as it is lifted up and if this was the case I would repair it at the time of surgery.

**Facial Weakness:**

The facial nerve, which is responsible for movement of the facial muscles, runs very close to the area of surgery. There have been reports of this being damaged at surgery although I have never had this complication. (One of the reasons for the 5% group of those who have no change in their hearing after surgery is that if the nerve is abnormally close to the area of drilling I abandon the procedure, hence no hearing change, and advise a hearing aid).

***Stapedectomy post operative instructions:***

A small sponge tampon is left in the ear canal for 1 week to protect the ear drum whilst it is healing. You will be given ear drops to use once a day to keep the sponge moist. I will remove this at your post operative visit. Keep the ear dry.

**First fortnight**

Because the inner ear has been opened it is important to take it very easy initially to stop a leak of fluid from the inner ear (inner ear pressure rises with straining). No straining or grunting! i.e. No lifting, getting constipated, pushing lawnmowers, squatting, vigorous sex etc. Going out for a walk is fine. No driving until you are confident that you can turn your head very quickly with no unsteadiness.

**Next two weeks**

Gentle lifting, gym work is gentle bicycle only. Gentle golf i.e. putting only.

**At 1 month**

Back to full physical activity. After stapedectomy you should never scuba dive.

**Work**

If you can work from home you can do this a few days after surgery but do not go back to the Office for 1 week (Increased exertion and risk of catching a cold). If you have a manual job see instructions above.

**Flying**

To be absolutely safe no flying for 5 weeks after surgery. Eurotunnel is probably safe 4 weeks after surgery.

***What to do if you have any worries or concerns after the surgery***

If it is within 48 hours or out of hours, phone the ward where you were admitted for surgery. During office hours phone our secretaries on 0118 9213160.

I have read this leaflet and had the chance to ask any questions to my surgeon.

Name:

Signed:

Date:

Surgeon:

Signed

Date: