Stapedotomy (middle ear repair)

This leaflet explains stapedotomy (middle ear) surgery – also sometimes called stapedectomy. If there is anything you do not understand or if you have any concerns, please speak to your doctor.

What is a stapedotomy?

This is an operation to remove part of the fixed stapes bone in the middle ear and replace it with a small artificial piston (normally 4.5mm long). In more than 90% (9 in 10) of cases, the hearing is improved. In about 5% (1 in 20) cases the hearing is about the same. In up to 4% (1 in 25) cases, the hearing could be worse, or in 1 in 100 cases, it could even go altogether on the operated side.

What happens during the operation?

The operation is either performed by operating down the ear canal or via a small incision made in front of the ear. 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, either a small segment of vein (taken from the back of the hand) or a small fat graft from the ear lobe 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.

Surgery is normally performed under general anaesthetic (you are asleep).

What are the possible side effects?

1. There is a very small chance of the hearing getting worse (1 in 25) or going altogether (1 in 100).
2. You will usually have temporary tinnitus due to the ear pack used after surgery. If you already had tinnitus, it often gets better, although sometimes it stays the same and rarely, may get worse.
3. There is occasionally short lived (48 hours) vertigo (dizziness), although rarely, this could last longer.
4. The nerve that supplies taste to the front of the tongue on the operated side runs through the area of surgery and occasionally this needs to be stretched or is cut. If this happens, some people notice nothing unusual, others have a slight metallic taste at the front of the tongue and others are aware of decreased sensation and taste. This nearly always improves over time, especially if the nerve has just been stretched.
5. Very rarely, the ear drum may get a small tear when being lifted. This would be repaired during the same operation.

6. The facial nerve, which is responsible for movement of the facial muscles, runs very close to the area of surgery. If, during surgery, it is found that the nerve is abnormally close to the area of drilling, the operation will be stopped. The advice will then be to get a hearing aid).

Is there an alternative to surgery?

- An alternative to this procedure is a hearing aid. If you would like more information about this, please speak to your consultant.
- There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that you will have no improvement in your hearing loss.

What can I expect after surgery?

- You will have dissolvable stitches on any wounds (in front of ear, back of hand or ear lobe).
- You may also experience light bleeding from the ear canal, which is normal.
- The surgery is not normally painful. If you have any discomfort, please take your regular painkillers (such as paracetamol or ibuprofen), following dosage instructions.
- Most patients go home the same or next day. If you have a head bandage on, this will normally be removed before you leave the ward.
- You will have some form of ear packing that will remain in place for one to two weeks. Depending on your surgeon, you may also be given some ear drops to use at the outset of your recovery.
- **It is important to keep the ear dry,** particularly while washing your hair. If someone can help you wash your hair, it is a good idea to hold a drinking glass over your ear to keep the water or shampoo from entering your ear canal.

What activities can I do following surgery?

- **First two weeks: Because the inner ear has been opened, it is important to take it very easy for the first two weeks 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 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 three to four weeks:** Gentle lifting, gym work is gentle bicycle only. Gentle golf, i.e. putting only.
- **After four weeks:** Back to full physical activity.
- **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 two weeks (increased risk of exertion and catching a cold). If you have a manual job, see instructions above. You will be able to get a fit note for your employer from your nurse prior to leaving hospital but please let them know that you need this. Further fit notes can be issued by your GP, if necessary.
- **Flying:** To be absolutely safe, **no flying for two months after surgery**. Eurotunnel is probably safe after four weeks following surgery.

Follow-up

You will normally have a follow-up appointment approximately one to two weeks following surgery. We will send you a letter in the post confirming the date of the appointment.

Concerning post-operative symptoms to look out for

Contact the ward if you have any of the following:

- A temperature of more than 38.5 C.
- A severe headache not responding to over-the-counter painkillers.
- Severe vertigo (dizziness) or vomiting.
- Facial weakness.
- Sudden complete loss of hearing – i.e. if you hum and can no longer hear it with your operated ear. You would have tried this with your doctor immediately after the surgery so you understand what it sounds like.

How to contact us

Dorrell Ward, Tel: 0118 322 7172 or 0118 322 8101

Dolphin and Lion Ward (Children), Tel: 0118 322 8105

Clinical Admin Team (CAT1) (Monday to Friday, 9am to 4pm), Tel: 0118 322 7139 or email rbbh.CAT1@nhs.net

ENT Outpatient Department (Townlands) reception: 01865 903274

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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