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Chronic Otitis Media, Cholesteatoma and Mastoid surgery

Chronic otitis media and cholesteatoma are long term infection related conditions of the middle ear and mastoid bone. The mastoid bone is located just behind the ear and is connected to the middle ear. In chronic otitis media, the tissues of the mastoid and middle ear produce excess fluid. A cholesteatoma is a cyst in the middle ear or mastoid. It originates from the ear drum and grows with time. The cause of these conditions is usually a poorly functioning Eustachian tube. The air spaces of the middle ear and mastoid are not sufficiently ventilated by the Eustachian tube, leading to fluid production by the mastoid or cholesteatoma development from the ear drum.

Both cholesteatoma and chronic otitis media are prone to repeated infections, manifest as foul smelling pus draining from the ear. As these conditions progress, the bones of hearing (ossicles) can become eroded, causing hearing loss. In the long term, chronic otitis media and cholesteatoma can spread to involve adjacent structures such as the inner ear, balance organ, facial nerve or brain causing severe symptoms. Occasionally, cholesteatoma can grow silently, with no symptoms of infection.

Treatment for chronic otitis media and cholesteatoma is two-fold. First, acute infection is controlled with antibiotic eardrops and/or pills. When the infection has subsided, surgery is usually necessary to remove diseased tissue and reconstruct the eardrum and bones of hearing in an operation called Mastoidectomy/Tympanoplasty.

The operation is delicate and meticulous, and may take 3 to 5 hours to perform, using an operating microscope. There are a variety of approaches and variants in tympanomastoid surgery; your surgeon will discuss these with you prior to surgery. Some patients need a planned 2nd operation 9-12 months after the first. Surgery is done at the hospital, usually as a “day surgery”. Following surgery, a head dressing will be worn 1 to 2 days. Pain is usually mild, prescriptions are given to control pain and prevent infection. Aspirin, Motrin, Advil or similar pain medications should NOT be taken for 3 weeks after, or 2 weeks prior to surgery. Tylenol is fine.

Keep all water away from your ear after surgery by using a shower cap or by taking a tub bath for the first week. During the second week after surgery, you may get the outer ear wet, but keep the ear canal dry by placing a single large plug of cotton mixed with Vaseline in the ear canal before showering. Remove the cotton after showering; do NOT leave it in place. For 2 weeks after surgery, you should not lift objects over 30 pounds or blow your nose (sniffing is okay). If you sneeze or cough open your mouth widely to keep pressure off the ear. You will have appointments at 1 week and 2 weeks after surgery to remove stitches and packing from your ear. Your hearing will remain blocked until then. If your hearing becomes substantially worse or if you become very dizzy, call the office.