

CHOLESTEATOMA / TYMPANOPLASTY

A Patients Guide



A **Combined Approach Tympanoplasty** is done by making an incision behind the ear (postauricular) and working through the ear canal (transcanal). This approach gives David a good view of both the *middle ear* and *mastoid area* (the bone behind the ear). It helps to remove the **cholesteatoma** (a type of abnormal skin growth) from areas that are hard to reach. The surgery includes cleaning out the mastoid bone and may involve working near the facial nerve. It also helps David to repair your eardrum and the tiny hearing bones, called **Ossicles**. This operation usually takes up to 3 hours.

A **Second Look Tympanoplasty** is a planned follow-up surgery that takes place 6 to 12 months after the initial **Tympanoplasty** surgery. The purpose of this operation is to check if any cholesteatoma has come back or was left behind.

This operation is usually shorter and simpler than the first one. If the tiny hearing bones (ossicles) were not repaired during the first surgery, they can be fixed during this one.

Leaving Kensington Hospital

If you live within a safe distance of emergency care and have adult support around, you should be fine to go home on the same day. If not, you will be admitted for one overnight stay.

Post-Operative Assessment & Packing

The bandage around your head can be removed 24-48 hours after surgery. If you find the bandage is too tight, it can be loosened.

Deep packing will be placed inside your inner ear; this will be removed by David 2 – 3 weeks after your operation. The Tūhauora Clinic will arrange this appointment in advance. Outer ear packing may fall out and can be replaced.

You will have **two post operative appointments** (for both operations) First at 2-3 weeks and the second at 6 weeks.

Cleaning & Care at home

Keep your ear as dry as possible. The most important thing to remember is to keep water from entering the ear. You can replace the outer cotton wool and cover it with Vaseline. This helps to repel water, especially in the shower.

- Do not insert any thing into your ears. Including Q-tips, headphones or fingers.
- Do not try to clean your ears or pull on your ear if it becomes itchy.

CONTACT:

Whangarei Hospital: 09 430 4100
Kaitia Emergency: 408 9180
Ambulance: 111

Why do I need this operation?

You may have an abnormal collection of skin cells and debris that grows like a cyst, called a **Cholesteatoma**. A Cholesteatoma forms inside the middle ear, behind the eardrum. As it grows, it can damage the ossicles, which help you to hear. You may have experienced hearing loss, repeated ear infections or dizziness.

Activities After Surgery

- Avoid all water exposure: Keep your ear dry.
- Avoid swimming and submerging your ear in water for at least 4-6 weeks.
- No flying unless necessary. Contact our team for clearance before booking any flights.
- Only very light activity e.g.; walking for the first 2-3 weeks after surgery. No light weightlifting or cardio.
- At 4 – 6 weeks, you can increase weight training and sporting activities e.g.; Heavier weights, social sports.

Recovery Period

- It generally takes up to 12 weeks to fully recover.
- You should be fine to return to light duties 2 -3 weeks after surgery, or after David has removed your packing.

After Surgery

- Some dizziness is common for the first few days. This should gradually improve but may be triggered by sudden movements.
- You may experience a ringing or buzzing sound. This usually improves as healing progresses.
- Temporary alteration in taste may occur. This typically resolves within a few months.
- Some bloody or clear drainage is normal for the first few days.
- Protect your ear from loud noises. Avoid using earphones, listening to loud music, or attending concerts for 3 weeks.
- Some bleeding from the ear canal is common in the first few days.

First 2 weeks

Rest for the first 24 hours after surgery.

Use a couple of pillows to keep your head elevated. Do not blow your nose or pop your ears. It is common for your ears to change pressure when sneezing. If you need to sneeze, try to do so with your mouth open to avoid pressure on the ear.

Seek Emergency Care

If you have **Persistent Dizziness**, significant **Pain** not relieved by prescribed pain medication, **Sudden hearing loss**, **Facial weakness** or paralysis, High **Fever** or Persistent foul-smelling discharge from the ear; Phone our Tūhauora Clinic on 09 55 33 781.