

STAPEDOTOMY SURGERY

A Patients Guide



What are Stapes?

A Stapedectomy is performed to treat hearing loss caused by otosclerosis. This condition affects your hearing by damaging your Stapes, a tiny U-shaped bone in your middle ear. Your Stapes helps you to hear by sending sound waves from your middle ear to your inner ear.

What does my surgery involve?

A **Stapedectomy** is performed by removing the entire Stapes bone and replacing it with a prosthetic device. A **Stapedotomy** has a high success rate but even with a successful procedure there is a 2% chance of severe hearing loss and change in balance. The Stapedotomy surgery is similarly performed by using a prosthesis and inserting it through a hole at the bottom part of the Stapes bone (less invasive, more common today). This operation is usually completed in under 2 hours. David will use a small piston-like prosthesis, attach it to the incus (another middle ear bone) and insert it where the Stapes was. This should improve sound transmission to your inner ear.

David will always discuss surgical and non-surgical options and run through the risks and benefits of each approach.

Ear Packing (gauze, cotton material)

- You will have reduced hearing in your operated ear due to the packing.
- You can replace the cotton wool at the outer aspect of the ear if becomes blood-stained. A small amount of packing may fall out, this is okay.
- A small amount of bleeding is normal within the first week.

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 post your operation. The Tūhauora Clinic will arrange your appointment in advance.

Recovery Period

- The full recovery period usually takes 6 – 8 weeks.
- You should be fine to return to light duties within 2 weeks.

Seek Emergency Care

If you have: severe, **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.

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. When changing the outer cotton wool, you can cover it with Vaseline. This helps repel water, especially in the shower.
- Do not insert any objects into your ears such as Q-tips or fingers.
- Do not try to clean your ears or pull on your ear if it becomes itchy.

Leaving the Hospital

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

After Surgery

- Some dizziness is common for the first few days - weeks. 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 headphones, loud music or attending concerts for 3 weeks.

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 walking for the first 2-3 weeks after surgery. Do not do light weightlifting or cardio.
- At 4 – 6 weeks, you can increase weight training and sporting activities e.g.; Heavier weights, social sports.
- David often uses a plastic prosthesis that is safe to use for any future MRI scans. occasionally a metallic prostheses may be needed.

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.)

CONTACT:

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