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TYMPANOMASTOIDECTOMY

WHY DO I NEED SURGERY?

When the tube that equalizes the pressure in your ear (eustachian tube) functions poorly or is not functioning at all, a small-sized vacuum can occur in the middle ear space via suction of the tympanic membrane. This vacuum often will weaken the area of the eardrum and will cause further ingrowth along with a pouch formation, which sometimes is referred to as a cholesteatoma. A cholesteatoma is NOT a cancer. However, this local growth can damage many of the bones that are near that area to include facial nerve injury as well as complete deafness and infection in your brain, which could result in possible death. This procedure can remove the growth and any infected bone in your ear. Without this surgery, the symptoms listed above may occur.

WHAT HAPPENS DURING SURGERY?

This procedure will be done under general anesthesia. The procedure usually takes about three to five hours. However, more complicated cases can take from seven to ten hours because of the growth of the tumor itself.

Under general anesthesia, an incision is made behind the ear so that the mass can be reached with a microscope. Any growth or infected bone will then be removed. After having done so, a graft will be placed along with possible reconstruction of your middle ear. Packing will be placed into the ear canal and the incision will be closed.

Depending on the length of the surgery as well as your recovery from general anesthesia, sometimes you can go home the same day, but most patients will stay overnight after the surgery.

WHAT SHOULD I EXPECT AFTER SURGERY?

You may wake up in the recovery area and feel somewhat disoriented. The nursing and anesthesia staff will monitor you.

If you are experiencing some dehydration, the home health care nurses may visit you at home with some fluids called Lactated Ringers IV solution to help improve your hydration status. If a severe infection occurs, you may receive intravenous antibiotics from the home health care nurses.

You will return to see me one week after the procedure. At that time, the dressing will be removed. Instructions will be given for postoperative care. Also a return visit will be scheduled.

You should have very little or no pain following this surgery. You may experience some bleeding, but this will diminish with time.

It is extremely important that you avoid getting your ear wet for at least four to six weeks after the surgery. When you shower or bathe, make sure to cover this area to keep the water out.

Occasionally patients have problems with nausea and vomiting. If this occurs please contact my office as soon as possible.

You should clean behind the ear where the incision was made with hydrogen peroxide and apply Bacitracin ointment.

It is recommended that you avoid flying or traveling at high altitudes for at least three months. Swimming, scuba diving or playing contact sports of any kind should also be avoided.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE PROCEDURE?

As you are aware, with any type of surgery there are risks and complications. These include the tumor destroying the facial nerve, which may result in nerve paralysis. In addition you may experience a persistence of the perforation. Further hearing loss has been seen as well as ringing of the ears. These complications though rare are still possible. One to two people out of 100 have complications with this type of surgery.

You may also experience a change in taste sensation on the side where the surgery was performed.

As you know, with general anesthesia, there may be drug complications; airway problems post surgery, and even death, which may result.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please bring a family member or friend with you to your preoperative appointment. THIS IS MANDATORY.

Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

Patient Signature

Patient Name-Printed

Date