

Canalplasty Surgery

This leaflet explains more about canalplasty surgery, including the benefits, risks and any alternatives and what you can expect when you come to hospital

If you have any further questions, please speak to a doctor or nurse caring for you.

What is canalplasty surgery?

Canalplasty is an operation to widen your ear canal. This is the tunnel from the outside of your ear that leads to your ear drum.

Why should I have canalplasty surgery?

Canalplasty surgery is performed to remove some of the bone in your ear canal to make the channel from the outside of the ear to the ear drum wider. This is performed to prevent infections and the build-up of wax. In some cases, we perform the operation to smooth out irregularities in the ear canal and occasionally to improve access so we can repair a hole in the ear drum.

What are the benefits of canalplasty surgery?

The main aims of the surgery are:

1. To make the ear canal wider to prevent infections.
2. To remove hard bony non-cancerous lumps (exostoses) that have narrowed the ear canal. These are often associated with cold water sporting activities like surfing, swimming and sailing.
3. To smooth out the ear canal and reverse the change in the shape that can be caused by infections or a build-up of skin in the ear canal (cholesteatoma).
4. To gain better access to the ear drum in order to repair a hole in the ear drum.

What are the risks?

The operation is performed under a general anaesthetic and all operations under a general anaesthetic carry a small risk. You will be able to discuss this with your anaesthetist on the day of the surgery.

As with all surgery there are some associated risks. The risks are similar to those if the disease is left untreated.

- Noises in the ear (tinnitus). It is rare for tinnitus to develop permanently if you didn't have it before the operation.
- The wound site can become infected. If this happens it may take longer to heal. Your ear may also take six to eight weeks or more to fully heal and stop leaking.

- There is a very small chance that your hearing could be affected.
- The jaw joint lies just in front of the ear canal. Whilst removing the bone it is possible to expose the thick capsule of the jaw joint. This doesn't tend to cause any problems but in rare cases patients can experience some jaw stiffness and pain after the surgery. Rarely if this happens you may hear your own voice more loudly than before. The jaw joint could also be damaged. The risk of this is very small.
- Weakness of the face. The nerve supplying the muscles that move the face runs near the ear canal. There is a very rare chance that this nerve could be damaged when the ear canal bone is being removed, particularly if the nerve runs in an abnormal position. This is very rare: there is less than a one per cent chance of damage and only the operated side of the face would be affected.

Are there any alternatives?

The only way to widen the ear canal is to remove some of the bone. You may continue to get infections and have issues with wax build-up if you choose not to have surgery. The infections can be treated with antibiotics, but over time if the infections continue the antibiotics may become less effective.

If the surgery is being completed to remove a mass of skin growing in the ear canal (cholesteatoma) the only other way to remove this is with microsuction. However, this ball of skin can cause damage to the bone and other structures in the ear over time and may keep coming back.

How can I prepare for canalplasty surgery?

- Arrange two weeks off work (if you require a sickness certificate please ask the nurse on the day of your surgery).
- Arrange for someone to come and pick you up after the surgery. This is because you cannot drive for 24 hours after a general anaesthetic.
- Bring with you all the medication you are currently taking on the day of your surgery.
- Make you sure you have painkillers at home such as paracetamol and ibuprofen (unless your GP has told you that you can't take these drugs).
- Inform the hospital if you have a cold, flu or tonsillitis in the two weeks before admission as your operation may need to be postponed.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said yes previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during canalplasty surgery?

Please remember that your surgeon will confirm how your surgery is performed and finalise your aftercare plan with you, as practices sometimes slightly vary. The below is a general guide.

You will be asleep during the operation and it can take two hours or more to do. It is likely that you will be able to go home on the day of surgery, but always bring an overnight bag just in case. If the surgery is performed by making a cut behind the ear, this will be closed with dissolving skin stitches.

Will I feel any pain?

It is common to experience a dull, occasionally throbbing pain in the ear after the surgery. Most patients don't require more than simple painkillers.

What happens after canalplasty surgery?

Please remember that each surgeon will confirm how your surgery is performed and finalise your aftercare plan with you, as practices sometimes slightly varies. The below is a general guide.

When you wake up you may have a head bandage which is left on for 24 hours. We may ask you to remove that yourself at home. There will often be a yellow antiseptic ribbon in the ear canal to protect things while healing takes place. Some surgeons may insert a dissolvable dressing and prescribe you ear drops to help this process.

Regardless of the type of dressing used, there is often a squelching sound or popping in the ear when chewing or yawning: this is normal. The ear will often leak fluid for several days to weeks after the surgery. This is also normal. Occasionally you may see bright red blood, particularly in the first 24 to 72 hours after surgery.

What do I need to do after I go home?

- There will be cotton wool at the entrance to the canal; you need to change this when it gets soaked with liquid. This may be several times a day immediately after surgery but may be only once a day a few days after surgery. Please insert a new piece of cotton one at least once a day.
- If the yellow wick that sits in the ear sticks to the cotton wool, slowly pull off the wool and push the wick back down your ear canal with your little finger. Trim any excess wick with a pair of scissors. Make sure you wash your hands with soap and water before touching the ear or dressing.
- Try to sneeze with your mouth open and don't blow your nose for the first two weeks after surgery to prevent build-up of pressure in the ear. Sniff if you need to.
- There will be paper-like strips if you have a wound behind the ear. You can remove these gently after seven days.

- You should keep the ear dry until your surgeon tells you that you can get it wet; ask at your post-operative appointment. When washing hair, please cover the ear canal with a piece of cotton wool covered in Vaseline. In addition, you can use an empty clean yoghurt carton, or similar, to put over the ear and it is easier if there is someone to help you. Being able to go swimming depends upon type of surgery and healing speed, so please ask your surgeon.
- Work/school: You should be off work for seven to ten days, depending upon how you feel. One of the main reasons is to try to prevent you picking up a cold when mixing with other people. If you feel up to it and have the sort of job that allows, you may be able to work from home within about five days. If you need a medical certificate for your employer, please ask your nurse before you leave hospital; otherwise, your GP can give you one.

Will I have a follow-up appointment?

Yes, you will be asked to return to the clinic to check your progress or to have any ear pack/dressing removed. Usually you will be asked to come to the clinic two to four weeks after the operation. You will be asked to go to ENT Outpatients in the Lanesborough Wing. Your surgeon will give you more precise instructions in the discharge letter you get when you go home after the operation.

Contact us

If you have questions or concerns, please contact your consultant's medical secretary on 020 8725 2052 or 020 8725 2493 or use the ENT secretarial email address: stgh-tr.entsecretariesadmin@nhs.net.

If you have more urgent concerns or feel unwell, see your GP, an urgent care service or your nearest Emergency Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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