

Ossiculoplasty

This leaflet explains more about ossiculoplasty, including the benefits, risks, 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 an ossiculoplasty?

Behind your ear drum sit three hearing bones which move in response to sound. In some people these hearing bones become damaged due to infection, trauma, retraction of the ear drum or an ear disease called cholesteatoma. Occasionally we have to repair your ear drum at the same time (please see myringoplasty leaflet).

When the bones are damaged, less sound can travel into the inner ear and this results in hearing loss. In an ossiculoplasty, one or more of the bones is replaced to try to improve your hearing.

Why should I have an ossiculoplasty?

By reconstructing the hearing bones with artificial bones made out of titanium, plastic or cartilage your hearing can be improved. How much your hearing will improve is dependent on how severe the damage has been to the ear bones and middle ear and what type of artificial material we are able to use to repair the damage.

What are the risks?

- In some cases, after surgery the hearing may only slightly improve and you may still feel the operated ear hearing is still poor, even if we can see an improvement on a hearing test.
- It is normal to get a few days of dizziness and in some cases this can last more than a week.
- There is a small chance of tinnitus (noise in the ear). If you already have tinnitus it often gets better, although sometimes the tinnitus will stay the same, but it rarely gets worse.
- Some people experience a change in their taste at the front of the tongue on the same side as the operated ear. This is because the taste nerve runs underneath your eardrum and can become stretched or damaged during the operation.
- Sometimes you can get an infection in the operated ear which may affect the outcome of the hearing afterwards.
- There is a very rare chance that your hearing could completely disappear. In this situation not even a hearing aid would allow you to hear using that ear.
- The facial nerve, which is responsible for movement of the facial muscles, runs very close to the area of surgery. There have been reports of this nerve being damaged during surgery, but this is very rare.

Are there any alternatives?

You do not have to have surgery to be able to improve your hearing. You can alternatively use a hearing aid and in some cases people manage without any additional hearing support.

How can I prepare for an ossiculoplasty?

- You will need to have had a hearing test three months before your operation. If you think you need another hearing test prior to the surgery, please contact the Admissions team.
- 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 all the medication you are currently taking with you on the day of your surgery.
- Make you sure you have pain killers at home such as paracetamol and ibuprofen (unless you GP has told 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 an ossiculoplasty?

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

The surgery can take one to two hours. The operation will sometimes require a small cut just in front of the ear or behind the ear or sometimes no cut at all. Your surgeon will discuss with you how your operation will be done.

A protective antiseptic gauze or sponge is placed in the ear at the end of the operation to protect the ear whilst the healing starts. If a cut has been made in front of the ear this is closed with sutures that dissolve.

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 an ossiculoplasty?

You normally have to stay in the hospital for three to four hours after a general anaesthetic. Occasionally if it gets too late you may have to stay overnight.

When you wake up you may have a head bandage. 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. 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.

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 wool 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 or just in front of 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 in 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.
- You cannot fly for four weeks after this procedure.
- Please don't lift any heavy objects or strain on the toilet (please stool softeners aka laxatives if you suffer with constipation) for four weeks after the operation.
- If you decide to SCUBA dive after this operation, there is a risk that the piece of metal used to replace the hearing bone may move and you may find your hearing gets worse.

The decision to SCUBA dive is your choice but is not something we recommend.

Will I have a follow-up appointment?

Yes, you will be asked to return to the clinic for a hearing check. You may need to have an earlier appointment one to two weeks after the operation to have the dressing in the ear canal removed. You will be asked to go to ENT Outpatients in the Lanesborough Wing. Your surgeon will give you more precise instructions on 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.

