**RISKS AND COMPLICATIONS OF TYMPANOPLASTY AND MASTOIDECTOMY**

Tympanoplasty and mastoidectomy are procedures designed to remove infection from a chronically diseased ear and repair and rebuild the eardrum and little bones of hearing. In your case, the purpose of surgery is to:

- repair eardrum
- establish a clean dry ear
- remove infection or skin cyst (cholesteatoma)
- improve hearing if possible

Alternatives to surgery include:
- cleaning, ear drops and antibiotics
- water precautions
- hearing aid

Your ear problem may be helped by a tympanoplasty or tympanomastoidectomy. As with any surgery, there are not only potential benefits but also risks. There are also risks associated with deciding not to undergo surgery. All of the risks which are discussed below may occur as a result of an infection in your ear. With each infection, the damage to your ear and hearing may worsen. You must keep in mind that you may not benefit from the surgery and there is a slight chance your hearing may be worse after surgery. The following information will help you understand the results and risks of a tympanoplasty or tympanomastoidectomy. The substantial risks involved include, but are not limited to:

**HEARING**: Although most of our patients experience a hearing improvement after surgery, some have the same hearing and a few have a further or complete loss of hearing. At times, a second procedure may be performed to attempt hearing improvement when the ear is badly diseased, or the hearing reconstruction is not initially successful.

**DIZZINESS**: Dizziness may occur immediately following surgery due to swelling in the ear and irritation of the inner ear structures. Some unsteadiness may persist for a week post-operatively. Only rarely is dizziness prolonged in patients.

**TASTE DISTURBANCE**: The nerve that supplies one third of the taste to the tongue runs through the middle ear and may have to be pushed aside or cut in order to do ear surgery. Therefore, temporary taste disturbance occurs in many of our patients and usually lasts about three months. It can last as long as one year. Permanent taste disturbance and dryness of the mouth occurs occasionally.

**TINNITUS OR RINGING**: Ringing in the ear is often present in patients who have a hearing loss. Therefore, most patients already have ringing before surgery. After surgery, ringing is usually less but can be worse in rare cases.

**FACIAL NERVE PARALYSIS**: The facial nerve controls movement on one side of the face and runs through the middle ear and mastoid bone. A temporary paralysis is possible due to swelling or bruising of the facial nerve, but has occurred in very few of our patients. We monitor the facial nerve function closely during surgery. If a severe injury to the nerve occurs, a residual weakness will remain permanently.

**PERFORATION**: Closure of an eardrum perforation is the main goal in most ear surgeries. Nearly all of our patients have an intact eardrum after surgery, but not all patients heal perfectly and the hole may reappear in rare cases. A post-operative perforation can usually be repaired at a second revision procedure.

**INFECTION**: The chance of infection clearing after surgery is very high. In some cases, a two-stage operation is necessary especially if a cholesteatoma (skin cyst in the ear) is found.

**ANESTHESIA**: Any questions you may have regarding the risks and complications involved with anesthesia should be discussed with the anesthesia personnel at the hospital where surgery is scheduled.