

# Patient agreement to investigation or treatment

## Mastoid Surgery

**Authors:** Ear, Nose and Throat (ENT) Department

**Brief description:**

- You have been recommended mastoid surgery to remove an infection or skin growth behind your eardrum together with the surrounding mastoid (bone).
- Here we, explain some of the aims, benefits, risks and alternatives to this operation (procedure/treatment). We want you to be informed about your choices so that you can be fully involved in making decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:  
<http://www.addenbrookes.org.uk/consent>

Remember, you can change your mind about having the operation at any time.

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**For staff use:**

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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## How does the ear work?

The ear consists of the outer, middle and inner ear. The outer ear is covered by skin. The middle ear is covered by a mucus producing membrane. Sound travels through the outer ear and reaches the eardrum, causing it to vibrate. The vibration is transmitted through three tiny bones (ossicles) in the middle ear. The vibration then enters the inner ear where the nerve cells are. The nerve cells within the inner ear are stimulated to produce nerve signals. These nerve signals are carried to the brain, where they are interpreted as sound.

## What is the mastoid bone?

The mastoid bone is the bony prominence that can be felt just behind the ear. It contains a number of air spaces, the largest of which is called the antrum. It connects with air space in the middle ear. Ear diseases in the middle ear can extend into the mastoid bone.

## Why is mastoid surgery done?

Operations on the mastoid may be necessary when an ear infection within the middle ear extends into the mastoid. Most commonly this is a pocket of skin growing from the outer ear into the middle ear, known as cholesteatoma. This causes infection with discharge and some hearing loss. The pocket gets slowly larger, often over a period of many years, and causes gradual erosion of surrounding structures. Erosion of the ossicles can result in hearing loss. The only effective way to get rid of this pocket of skin is surgery.



Ear drum with cholesteatoma on the top left corner.



Healthy ear drum

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a nurse practitioner.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss

any concerns you might have at any time.

- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use.
- Most people who have this type of procedure will be discharged the following day. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

### **How is mastoid surgery done?**

Usually a general anaesthetic is used. There are several ways of doing this operation, depending on the extent of the ear disease. They have various names such as atticotomy, combined approach tympanoplasty and modified radical mastoidectomy and take between one and three hours. They involve a cut either above the ear opening or behind the ear.

In this department, the bone behind the ear is removed but the ear canal is usually preserved (combined approach tympanoplasty). Occasionally, it is necessary to remove the back of the ear canal to leave a cavity which allows easy inspection (modified radical mastoidectomy). The mastoid cavity is closed up with cartilage. At the end of the operation, packing will be placed in your ear while it heals.

### **Does it hurt?**

The ear may ache a little but this can be controlled with painkillers provided by the hospital.

### **How successful is the operation?**

The chances of obtaining a dry, trouble free ear from this operation by experienced surgeons are over 80 percent. In some patients it is possible to improve the hearing as well. You should enquire from your surgeon the likelihood of success in your particular case.

If you have an operation in which the ear canal is preserved, it may be necessary to perform a second operation a year after the first to check there is no disease left behind.

### **Possible complications**

There are some risks that you must be aware of before giving consent to this treatment. These potential complications are rare. You should consult your surgeon about the likelihood of problems in your case.

### **Loss of hearing**

In a small number of patients the hearing may be further impaired due to damage to the inner ear. If the disease has eroded into the inner ear, there may be total loss of hearing in that ear.

**Dizziness**

Dizziness is common for a few hours following mastoid surgery and may result in nausea and vomiting. On rare occasions, dizziness is prolonged.

**Tinnitus**

Sometimes the patient may notice noise in the ear, in particular if the hearing loss worsens.

**Weakness of the face**

The nerve that controls movement of the muscles in the face runs inside the ear and may be damaged during the operation, but this risk is rare. If it happens, the face may lose its movement on one side but it is usually temporary.

**Taste disturbance**

The taste nerve runs close to the eardrum and may occasionally be damaged. This can cause an abnormal taste on one side of the tongue. This is usually temporary but it can be permanent in one in ten patients.

**Reaction to ear dressings**

Occasionally the ear may develop an allergic reaction to the dressings in the ear canal. If this happens, the pinna (outer ear) may become swollen and red. You should consult your surgeon so that he can remove the dressing from your ear. The allergic reaction should settle down after a few days.

**What happens after the operation?**

You will usually go home the day after the operation after the head bandage has been removed. There is sometimes some dizziness but this usually settles quickly. Any stitches are usually under the skin and do not need removing.

There may be a small amount of discharge from the ear canal. This usually comes from the ear dressings.

Some of the packing may fall out. If this occurs there is no cause for concern. It is sensible to trim the loose end of packing with scissors and leave the rest in place. The packing in the ear canal will be removed in the ENT Department after two or three weeks.

You should keep your ear dry. Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair. Avoid straining/lifting anything heavy for the first few weeks after surgery. Only blow the nose gently. Avoid air travel for two months. If the ear becomes more painful or swollen then you should consult the Ear, Nose and Throat department or your General Practitioner.

A follow up appointment will be sent to you once you are discharged.

You will need to attend the ENT Department occasionally for the follow up of your ear for up to five years after the operation.

**How long will I be off work?**

You may need to take one to two weeks off work.

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## Is there any alternative treatment?

The only way to remove the infection completely is a mastoid operation. In patients who are unfit for surgery, the only alternative is the regular cleaning of the ear by a specialist and the use of antibiotic eardrops. This at best could only reduce the discharge.

If you have any further questions, please contact Melanie Jackson, Otology nurse practitioner on 01223 348672.

## General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

## Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

**Pre-medication** is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you

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have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

## **During your operation**

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## **After your operation**

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Analgesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

## **What are the risks of general anaesthesia?**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you

have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)  
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)  
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)  
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### **Polish**

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### **Portuguese**

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### **Russian**

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### **Cantonese**

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### **Turkish**

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন  
বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

## Bengali

### Document History

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Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

Responsible health professional/job title

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Special requirements.....  
(For example, other language/other communication method)

## Name of proposed procedure or course of treatment

**Mastoid surgery**

**Side (left/right).....**

## Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: Remove pocket of skin causing infection and hearing loss.....
  - Any serious or frequently occurring risks from the procedures including those specific to the patient: Loss of hearing; Dizziness; Tinnitus; Weakness of the face; Taste disturbance; Reaction to ear dressings .....
  - Any extra procedures that might become necessary during the procedure
- Blood transfusion    Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .....
- ..... Version/Date/Ref: .....

This procedure will involve:

General and/or regional anaesthesia

Health professional's signature: .....Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

## Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date: .....

Name (PRINT): .....

## Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<b>For staff use only:</b> <b>Surname:</b> <b>First names:</b> <b>Date of birth:</b> <b>Hospital no:</b> <b>Male/Female:</b> <b>(Use hospital identification label)</b>
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**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

**You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** **Yes**  **No**

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:**..... **Date:** .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:**..... **Date:** .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date: .....

Name (PRINT): ..... Job Title: .....