Patient information and consent to mastoid obliteration

Key messages for patients

- **Please read this information carefully**, you and your health professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- **Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.**

- **Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.**

- **Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.** If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- **Please call the otology nurse practitioner on 01223 348672 if you have any questions or concerns about this procedure.**

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

**Important things you need to know**

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About mastoid obliteration
You have been recommended mastoid obliteration surgery to eliminate mastoid infection.

How does the ear work?
The ear consists of the outer, middle and inner ear.

The outer ear is covered by skin and 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 and then enters the inner ear where the nerve cells are found. The nerve cells within the inner ear are stimulated to produce nerve signals which 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, and connects with air space in the middle ear.

Ear diseases in the middle ear can extend into the mastoid bone.

Why is mastoid surgery carried out?
Mastoid obliteration is necessary when there is a persistently discharging mastoid cavity, which does not improve with regular cleaning and antibiotic drops. The purpose of this surgery is to eliminate any mastoid infection and to obliterate or fill any previous created mastoid cavity.

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.

Intended benefits
The primary benefit of this procedure is to obtain a dry, trouble free ear. Second, we would also like to improve your hearing.

Who will perform my procedure?
This procedure will be performed by an ENT surgeon with appropriate experience.

Before your operation
Most patients attend a pre-admission clinic in the day surgery unit. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to
discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

You will need to stop eating at midnight before the day of surgery. You can drink clear fluids until 06:00 on the day of surgery. After 06:00 on the day of surgery you must be nil by mouth. However, you may have a small amount of water to take any medication.

Please do not bring any valuables into hospital. We will discuss this with you at the pre-admission clinic.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

How is mastoid surgery carried out?
The surgery is performed under general anaesthetic. Please see below for details on this.

An incision is made behind the ear and the lining of the mastoid cavity is elevated to reveal healthy bone. If there is residual infection, the infected bone will be cleared. At this point hydroxyapatite granules, a bone substitute, are used to fill the cavity and covered with cartilage and skin flaps to help create a healthy ear canal.

The surgeons may decide to reconstruct the eardrum using cartilage and the ossicular chain (the three tiny bones - ossicles) using a new, false ossicle made out of titanium. The ear is packed with ribbon gauze and soaked with antiseptic paste to keep the graft in place.

Will it hurt?
The ear may ache a little but this can be controlled with painkillers provided by the hospital.
After the operation

There is sometimes some dizziness after the operation 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 (Ear, Nose and Throat) department after two or three weeks. This appointment will be sent to you following discharge.

Getting about after the procedure. Avoid straining or lifting anything heavy for the first few weeks after surgery.

Leaving hospital. You will usually go home the day after the operation after the head bandage has been removed.

Resuming normal activities including work. You may need to take one to two weeks off work.

Special measures after the procedure:
- 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.
- Only blow your 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.

Check-ups and results.
- You will receive an appointment to return to the clinic two weeks following surgery to remove the packing and check your ear. The appointment will either be given to you before discharge or posted to you.
- We will see you again at eight weeks following surgery where we will check your ear and perform an audiogram; any further treatments will be discussed then.
- 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 successful is the operation?

There is an 85% chance of obtaining a dry, trouble free ear from this operation. We also hope to improve your hearing. The success rate of improving your hearing is in the region of 60%.
It is usual for us to perform an MRI scan to make sure that the reconstruction is healthy, a year after surgery. If there is anything abnormal found, it might be necessary to perform a second operation.

**Significant, unavoidable or frequently occurring risks of this procedure**

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.

**Alternative procedures that are available**
The only way to remove the infection completely is with a mastoid operation.

In patients who are unfit for surgery, the only alternative is the regular cleaning of the ear by a specialist and with the use of antibiotic eardrops. This at best could only reduce the discharge.
Information and support

If you have any questions please contact the otology and skull base nurse practitioner on 01223 348672.

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general

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anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

**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.

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 at the correct level of unconsciousness for the period of the surgery. 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.

**Regional anaesthesia**

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

**Local anaesthesia**

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

**Sedation**

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.
What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties. You may have fewer of these effects after local or regional anaesthesia. When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of 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 performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- 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
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure
Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk

Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.
If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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A Patient’s side  left / right  or  N/A

Consultant or other responsible health professional

Name and job title:  

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am 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:

a) the intended benefits of the procedure (please state)
   - Reduce mastoid cavity
   - Improve wax clearance
   - Prevent further mastoid cavity infections

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient
   - Bleeding
   - Infection
   - Pain
   - Numbness of ear
   - Scar
   - Facial weakness
   - Altered taste
   - Reduced hearing
   - Dead ear
   - Tinnitus
   - Dizziness
   - Ear dressing reaction

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
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(d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion  ☐ Other procedure (please state)

The following information leaflet has been provided:

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or ☐ I have offered the patient information about the procedure but this has been declined.

This procedure will involve:

☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): __________________________  Date: DD/MM/YYYY

Name (PRINT): ______________________________________  Time (24hr): HH.MM

Designation: ______________________________________  Contact/bleep no: __________________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

3 Medical Training
I agree to the involvement of trainee medical and other students as part of their formal training. ☐ Yes ☐ No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes  ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes  ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: ___._/_.M./.Y.Y.Y.

Name of patient (PRINT): ...................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................. Date: ___._/_.M./.Y.Y.Y.

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: ___._/_.M./.Y.Y.Y.

Name of witness (PRINT): .................................................................

Address: .................................................................
Consent Form

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ............................................. Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): ..................................................................... Job title: .................................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

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

Signed (Interpreter): ......................................................... Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): .....................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): ............................................. Date: ...D.D./M.M./Y.Y.Y.Y...

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

Patient safety – at the heart of all we do

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