



TYMPANOPLASTY MASTOIDECTOMY



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Otologist, Neurotologist

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Tympanoplasty, Mastoidectomy

The middle ear infections if not managed properly carry many risks, including spread toward the brain (meningitis, brain abscess, etc.), impairment of the balance system of the ear (dizziness, nausea, vomiting), damage to the facial nerve (half-face movement problem), post-auricular

(behind the ear) abscess, spread of infection to the neck, etc. The main purpose of the surgery is to clean away the infectious tissue in order to prevent the above

complications. The result of a successful operation is a dry ear (with no purulent discharge) and an intact eardrum (with no perforation).

Hearing restoration in ear surgery depends on several factors.

One important feature is the type of hearing loss.

Sometimes due to prolongation of the infection and its spread to the sensitive parts of hearing, sensorineural damage occurs. This type of hearing loss is irreversible and there is no improvement from the surgery in this regard. But it is noticeable that drying the infection prevents further damage.

Also, inside the middle ear there are 3 tiny bones (ossicles) that transmit the sound from the eardrum to the inner parts. There is a high possibility of damage to these bones due to chronic ear infection, in which case the hearing problem will persist after repair of the drum.

Sometimes when the health of the eardrum is confirmed, 10-12 months after the first surgery, re-surgery can be done and artificial prostheses may be used to correct the continuity of the ossicular chain and improve hearing. As mentioned above, the main goal of surgery is complete eradication of the infection; sometimes to achieve this goal, it may be necessary to remove parts of the ossicles that are buried in the infected tissues, and as a result, the patient's hearing gets worse after the operation, which is absolutely expected in some patients.

Post-Operative Care:

- 4-6 hours after the surgery it is forbidden to eat anything through mouth. When the effect of anesthetics is totally gone (patient can answer questions properly), drinking liquids is allowed.
- Nausea and vomit may happen on first days but they will disappear.
- Vertigo is possible on first days and it may take long 2-3 weeks.
- After 1 or 2 days the patient is discharged. Ask the surgeon for the time and place of your next visit.
- Taste disorders may happen on one side of the tongue and it may take long.
- The first visit will be 3-5 days after surgery in which the bandage is removed. After removing the bandage some secretions with blood may exit your ear which is ok, but refer to your surgeon if it continues.
- There is a stitch behind your auricle which must be removed 8-10 days after the surgery.
- Your second visit will be a month after your first visit. During this time no water should enter the ear canal. So, you must put a greasy cotton at the canal entrance when showering. (Vaseline or tetracycline ointment). Please note that you must put the cotton ONLY when you are showering and at other times your ear must be open so the air flow helps the wound recovery and it prevents infection. You must continue water protection until your surgeon considers it.
- Your third visit will be 2-3 months after the second visit. During this time the result is distinct and the surgeon can announce your hearing situation after examination and taking an audiometry.

IMPORTANT ADVICE:

Frequent visits by Dr. Rajati may be difficult for patients who live in other cities and countries. An important recommendation is that the post-operative visits should be done by an ENT specialist, especially the second visit is more important.

Surgery Risks:

The path of the facial nerve passes through the ear bone; for this reason, it was mentioned above that one of the complications of ear infection is facial paralysis.

Unfortunately, there is always a risk of damage to this nerve during ear surgeries.

Although this risk is less than 1% of cases, as a patient who is going to undergo this surgery, you should be aware of this risk.

However, keep in mind that if surgery is not performed, the risk of facial paralysis due to the remaining infection is much higher.

There is a type of chronic ear infection called cholesteatoma, which is a corrosive and progressive infection and is mostly associated with the complications mentioned above.

Usually, due to the extensive damage it causes, your surgeon may decide to do a radical surgery, which means that the mastoid is completely drilled out and an open cavity is created.

In this group, the hearing result will usually be worse than other less extensive cases.

In these patients, the self-cleaning of the canal is partially impaired and they need to go to an ENT specialist for ear cleaning every 6-9 months.



Professor MOHSEN RAJATI HAGHI Biography:

Dr. Rajati was born in Tehran, he was brought up in Mashhad and graduated from Ibn-Yamin High School; he achieved honored rank in the national entrance examination and studied General Medicine at Mashhad University of Medical Sciences.

He also completed the otolaryngology residency course for four years at Mashhad University and then postgraduate course (fellowship) in Otology-Neurotology (ear and skull base surgeries) at Tehran University of Medical Sciences in Amir Alam hospital. Dr. Rajati has worked as a faculty member in the department of Otorhinolaryngology, Ghaem University Hospital since 2005.

At present, he is Chair of the ENT department and head of the ward at Ghaem Hospital in Mashhad.

Dr. Rajati is one of the active surgeons of the Khorasan Razavi cochlear implant center. This center is one of the leading ones in the world with more than 2000 cochlear implant surgeries, and many people benefited from its services.

Participating and speaking in scientific congresses all over the world, publishing dozens of scientific articles in domestic and foreign specialized magazines, active participation in holding international congresses in Mashhad and the country are among the highlights of his professional career.

He operated more than 5000 ear surgeries including tumors, facial nerve problems, hearing problems, cochlear implants, etc., in public and private sectors.

FIELD WORK:

- All middle ear surgeries related to infectious and non-infectious diseases:
tympanoplasty,
ossiculoplasty,
mastoidectomy
- Surgeries to restore hearing:
bone and middle ear hearing aids,
stapedotomy,
cochlear implant
- Ear and nose cosmetic surgeries
- Operations related to the facial nerve:
nerve decompression,
nerve grafts,
muscle transfer
- Inner ear and vertigo surgeries
- Skull base surgeries and tumors

Surgery Day Recommendations:

- Patient should fast for the surgery. It is necessary to avoid using any beverages 4 hours and milk and solid food 8 hours before the surgery. According to this time table and the fact that the surgery is done after 12 noon, you are allowed to have a light portioned breakfast early in the morning.
- Go to the hospital at 8 a.m.
- Bring the admission form, identification document, blood tests, scans, photos and etc.
- The presence of a guardian for under 18s is obligatory.
- Take a shower a night before or early in the morning of the surgery day.



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