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EXCISION OF EXOSTOSIS
A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of excision of Exostosis, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

Anatomy of Ear

Outer Ear

The outer ear comprises the ear lobe, which leads into an ear canal. This is a dead end canal with the end being the eardrum. The eardrum is semi-transparent like Gladwrap. Wax is made within the ear canal and eventually falls out of the canal. Wax acts as a cleaning agent to the ear canal, trapping dirt and debris. Cotton buds should never be used in the ears. Ear canals are self cleaning and cotton buds will simply push wax into the ear canal and it will be retained within the canal. The wax therefore becomes dirty in the depth of the ear canal.

Middle Ear

The middle ear is a bony space (room) behind the eardrum. This room has its own air vent which leads to the back of the nose (eustachian tube). This air vent opens and closes with changes in altitude and pressure. This air vent often does not function well in children as it does in adults. Usually by the approximate age of ten it has improved to normal functioning. The middle ear also contains three small ear bones (Ossicles), which together with the eardrum act as an amplifier of sound presented to the ear.

Inner Ear

The inner ear has two components, one the cochlear for hearing and secondly the semi-circular canals for balance control.

Definition

Exostosis is the overgrowth of the bony part of the external ear canal. The ear canal is a tunnel which comes to a dead end. The dead end is the eardrum. The canal itself in the outer part is cartilage and soft tissue, whereas that deeper in is bony with a layer of skin over the bone. The bone grows inwards to the ear canal and therefore makes the ear canal itself smaller in diameter. The ear canal itself does not circumferentially narrow evenly, but the bony growths are like mountains from the inside of the ear canal. It is thought that they occur more commonly in people who have swum in cold water early on in their life. Some think it may be a protective mechanism to keep cold water away from the eardrum. In any case, the end result is a narrowing of the ear canal. This becomes problematic when water becomes entrapped between these mountainous areas and the retained water becomes infected and ear infections of the outer ear canal occur. These can become extremely troublesome to some patients, which is one reason to have these ear canal exostosis removed. The problems of these exostosis is that the normal wax, which is produced by the skin of the ear canal, cannot self-clean in the usual way and therefore often patients have retention of wax and hearing loss due to the wax occlusion. The exostosis can become so enlarged that they can totally block the external ear canal and the eardrum cannot be seen. These are some of the indications to remove exostosis.

The Operation

The operation is done under a general anaesthetic (patient asleep), either as a day case or an overnight stay. The approach is by an excision made behind the ear or in front. The bone of the ear canal is then drilled out from the outside inwards towards the drum. Once these bony mountains are removed, and the ear canal is now open to natural size again, the ear is packed with some antibiotic impregnated gauze to allow it to heal without the exostosis reforming in the healing phase. It is important, therefore, that the packing remains in the external ear canal for up to a couple of weeks and is removed by the surgeon.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as Diabetes.

Specific Risks of This Procedure

Sensorineural hearing loss (nerve deafness)

This can occur simply from the noise of the drill used to drill away the bone. This is what is generally called noise-induced hearing loss. This is extremely uncommon indeed, but there is the potential to have nerve deafness occur following the procedure.

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Facial nerve paralysis

The facial nerve that supplies the power and movement of the face on the side of the operation can be damaged during this procedure. The facial nerve runs within the bone in the area close to that where the mountains of bone need to be removed. If there is an unusual pathway that the facial nerve takes, then there is there potential for the facial nerve to be damaged. If it is bruised only, then recovery may occur, but if there are problems with cutting of the nerve, then there is always the potential for ongoing facial paralysis on the side of the operation. This is once again an extremely low risk of the operative procedure.

Tinnitus

Tinnitus is noise that is heard in the ear. This can be short lived, but there is the possibility with the use of the drill that tinnitus can be heard in the ear after the operation. Tinnitus can be permanent and is heard in the ear on the side of the operative procedure. Once again this is very infrequent.

Result

Success of the procedure is very good indeed with generally a widening of the ear canal without restenosis. Restenosis that is reformation of the exostosis can occur and sometimes revision procedures may even be required. It is therefore important that the packing stays in situ until the surgeon removes it to prevent reformation of overgrowth of bone. Dizziness and vertigo once again is an extremely unusual complication and would be associated with damage to the Ossicles. The procedure itself has low pain attached to it.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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