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Chronic Otitis Media and Cholesteatoma

Chronic otitis media and cholesteatoma are long term infection related conditions of the middle ear and mastoid bone. The mastoid bone is located just behind the ear and is connected to the middle ear. In chronic otitis media, the tissues of the mastoid and the middle ear produce excess fluid. A cholesteatoma is a cyst in the middle ear or mastoid. It originates from the ear drum and grows with time. The cause of these conditions is usually a poorly functioning Eustachian tube. The air spaces of the middle ear and mastoid are not sufficiently ventilated by the Eustachian tube, leading to fluid production by the mastoid or cholesteatoma development from the ear drum.

Both cholesteatoma and chronic otitis media are prone to repeated infections, manifest as foul smelling puss draining from the ear. As these conditions progress, the bones of hearing (icicles) can become eroded, causing hearing loss. In the long term, chronic otitis media and cholesteatomas can spread to involve adjacent structures such as the inner ear, balance organ, facial nerve, or brain; causing severe symptoms. Occasionally, cholesteatoma can grow silently, with no symptoms of infection.

Treatment for chronic otitis media and cholesteatoma is twofold. First, acute infection is controlled with antibiotic eardrops and/or pills. When infection has subsided, surgery is usually necessary to remove diseased tissue and reconstruct the eardrum and bones of hearing in an operation called a Mastoidectomy/Tympanoplasty.

The operation is delicate and meticulous, and may take three to five hours to perform. Following surgery, a head dressing will be worn for five to seven days. Pain is usually mild, and a prescription is given for a pain medication and for an antibiotic. Aspirin or similar medications should NOT be taken for three weeks after, or two weeks prior to surgery. Tylenol (acetaminophen) is okay. You should not lift objects over 30 pounds or blow your nose for three weeks after surgery (sniffing is okay). You may sneeze or cough with your mouth wide open, but never "stifle" or pinch your nose during a sneeze. Keep all water away from your ear after surgery by using a shower cap or by taking a bath for the first week. During the second week after surgery, you may get the outer ear wet, but keep the ear canal dry by placing a single large plug of cotton mixed with Vaseline in the ear canal before showering. Remove the cotton after showering; do NOT leave it in your ear. If you have skin graft site on your arm, keep it dry also. If the plastic dressing becomes loose and wound is exposed, call the office. If your hearing becomes substantially worse or if you become very dizzy call the office. I will see you one week after surgery to remove the outer ear packing; an inner ear packing will remain. You will be given a prescription for antibiotic ear drops to use three times a day. I will see you two weeks after surgery to remove the inner ear packing. Your hearing may remain blocked until healing is complete.