

# Transmastoid superior semicircular canal dehiscence surgery

Ear, Nose and Throat (ENT)

Information for Patients

Produced: January 2024

Review: January 2027

Leaflet number: 1472 Version: 1

## What is semicircular canal dehiscence?

The condition is known as superior semicircular canal dehiscence (SSCD). It is a fairly new diagnosis. It was first described in the late 1990s.

The disorder is caused by the formation of tiny holes in the bony covering of the inner ear. The inner ear contains sealed compartments / canals filled with fluid that help control our balance and the way we process sounds. These holes allow transmission of pressure changes between the brain and the inner ear which does not happen normally.

## What are the symptoms?

When holes develop within the bone between the inner ear and the brain, symptoms develop such as dizziness, hearing loss and sound-induced dizziness.

Patients with SSCD may have autophony. This is, a condition in which their breathing and voice is amplified internally. In more extreme cases, they are able to hear their heartbeat, footsteps, chewing, swallowing and even eye movements.

## How is it diagnosed?

You will have a CT scan and specialised hearing tests. The diagnosis is made on the combined results of the tests. Your doctor will discuss the results with you.

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## **What are the treatment options?**

You have the option of not having any treatment if the symptoms are tolerable. The surgical option offered in the ENT Department is to seal the affected balance canal. This can be done by a surgical procedure via the ear (transmastoid). This is the surgery you could have at Leicester Royal Infirmary.

## **What is involved in transmastoid ear surgery?**

- The surgery is done under a general anaesthetic.
- You will be asleep for the surgery.
- It can take up to 3 hours.
- A cut will be made behind your ear to gain access.
- Some bone will be drilled and collected from behind the ear (mastoid) to reach the affected canal and seal it.
- You will have absorbable stitches placed behind your ear.
- You will also have a head dressing which will stay on overnight.

## **What will happen after surgery?**

- As you can be dizzy after this procedure you will need to stay in the hospital for 1 or 2 nights.
- You will need 3 to 4 weeks off work.
- As you could be off balance during this time avoid strenuous activities, driving and heights
- You will be reviewed in clinic 2 to 3 months after your surgery.

## **What are the risks of the surgery?**

Every operation carries risks and possible side effects. The chances of these happening are very small and many only last a short time after surgery. These may include:

- wound infection - this is uncommon. It can be treated with antibiotics and may sometimes need drainage procedures to remove any pus.
- bleeding in and around the wound is uncommon. It is usually prevented by pressure dressing and may sometimes need drainage procedures.
- dizziness / feeling sick (nausea) / being sick (vomiting). This is temporary and can be managed with medication.
- ringing in the ears (tinnitus) this is uncommon but rarely may become persistent and need tinnitus therapy with the Audiology Team.

- weakness in the facial muscles. This is very unlikely and may need further treatment with physiotherapy and / or surgery.
- taste disturbances. These symptoms are uncommon after this surgery and are usually temporary.
- leak of the fluid surrounding the brain (cerebrospinal fluid). This is rare and may need further surgery.

We are able to monitor many of these during surgery or to treat them immediately afterwards.

To find out more, please ask your ENT consultant.

## Contact details:

Consultant's secretary: Telephone: 0116 258 6211

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