Creating a Self-Cleansing Mastoidectomy Cavity

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Antonio De la Cruz, MD
House Ear Institute Los Angeles, California
**Philosophy**

- Badly Damaged Ear
  - Radical ?
- Tympanoplasty
  - Tympanoplasty ?
  - Hope for best with one ?
  - Stage the operation ?

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**Surgery of Chronic Otitis Media**
SURGERY GOALS

- Removal of Disease
- Create a Mucosa-line Airspace
- Stable TM - Ossicular Contact
The Mastoid Cavity
Creating a Good One

- Lower Posterior Canal Wall
  (to the level of the Fallopian Canal)
- Saucerize Cavity Margins
  to Dura (Results in smaller cavity)
- Remove Mastoid “Cells”(3)
  & Mastoid Tip (If pneumatized)
- Enlarge Meatus
  (Remove Cartilage to extent necessary)
SILASTIC .020 Skin
Tympanoplasty with Mastoidectomy

Postoperative Cholesteatoma

- Iatrogenic
- Residual
- Recurrent

Cholesteatoma - 2nd Stage

Residual = 20% (+)
Recurrent = 5% (-)
CHOLESTEATOMA SURGERY

Postoperative Retraction Pockets

Prevention

- Recognize eustachian tube problem
  - ventilate
- Prevent adhesions
  - 2 stage, use of plastic
- Repair defects in bone
- Routine use of cartilage
**Labyrinthine Fistula**
*Semicircular Canal*

**Management**

Cover Immediately

- Fascia
- Bone Pate
- Bone Wax
1024 Cholesteatomas
Facial Nerve Paralysis

- Pre-operative (1%)  
  Total 4
  Partial 7

- Iatrogenic
  Transitory 5
  Facial N Graft 1

- Post-Op (Delayed)
  Permanent 1
  Transitory 2
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4 anatomical details
Creating a Self-Cleansing Mastoidectomy

Cavity

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