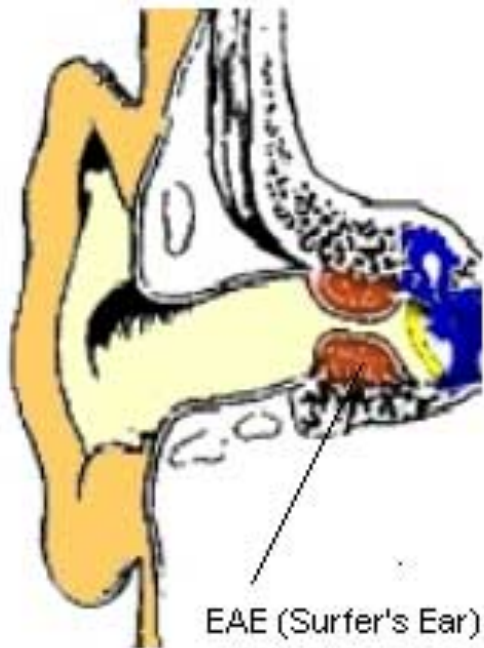


# Exostosis



Exostosis (surfer's ear) is abnormal bony growth within the ear canal. The bony lumps are thought to develop due to irritation caused by cold water and cold wind exposure. Most cold frequent water swimmers will get some mild bony growth in the ear canal which causes little or no problems. Normally, skin migrates from the center of the ear drum out toward the outer ear taking wax and debris with it. If the exostosis narrow the ear canal sufficiently, wax and skin debris can get stuck and when water gets in the ear it will tend to "slosh around". If the debris becomes infected, the ear may discharge and hearing may be impaired.

The initial treatment is to avoid cold water and wind exposure by wearing

ear plugs (Doc's Proplugs are available at surf shops and an audiologist can make a custom mould for approximately \$50) and a swimming cap. If water feels like it is stuck, try some Aqua Ear drops which have an alcohol which evaporates. Ear infections (pain, discharge) require cleaning and antibiotic drops. Do not use Aqua Ear if they are painful or if you have an infection.

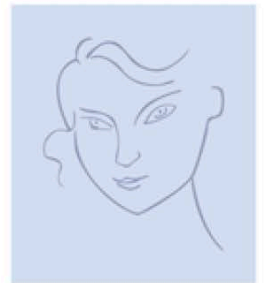
In most cases, surgery is not recommended unless the exostosis grow block the ear canal to <2mm (normal canal approximately 12mm) or if the blockage is causing repeated infections. If surgery is necessary, the aim of the first surgery is to drill out the abnormal bone and preserve the lining skin if possible. Even with the best surgery, the exostosis tend to recur (come back) if you continue to swim in cold water.

A hearing test and CT scan is generally recommended as workup for this condition.

## RISKS OF SURGERY

Surgery on the ear canal is extremely delicate and performed under the microscope with micro-instruments. The surgery usually takes 2 or more hours and you will have a cut behind your ear and in your ear canal. There is usually some discomfort around the jaw joint for up to 6 weeks after surgery. You should maintain a soft diet for this time to avoid inflaming the jaw joint. Patients can often go home the morning after surgery. You will awake with a large bandage over your head and this comes off before you go home. There are absorbable sutures behind your ear. You can wet this cut behind your ear the day after surgery but should leave the steristrips on until they begin to peel off.

Risks of surgery are of damage to structures around the ear canal including the ear drum, facial nerve (moving muscles of smiling and blinking on that side of the face), the middle ear bones and rarely the inner ear (responsible for balance and hearing).



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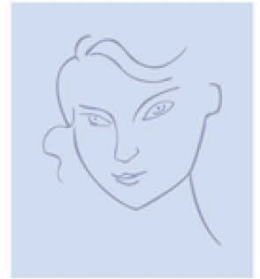
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Possible risks of surgery are:

1. Jaw discomfort- usually settles with a soft diet for 6 weeks but may rarely persist.
2. Facial nerve weakness (<1%)
3. Tinnitus (ringing in the ear) is common and is usually temporary but may be permanent due to the loudness of the drill in the ear.
4. Hearing loss if the ear drum is torn (usually this will heal)
5. Very rarely vertigo ie dizziness.
6. Change in taste (rare).
7. Recurrence of the exostosis may require further surgery.
8. Scar behind the ear (a small amount of hair behind the ear will need to be shaved). Generally the scar sits in the hairline but the lower end may be visible. Rarely, the scar is tender or painful to touch.
9. Infection (in severe cases with CSF leak this may lead to meningitis).

## PREPARING FOR SURGERY

- Because the exostoses are blocking normal drainage, water in the ear canal may introduce infection which may cause pain and discharge. Try to keep water of your ears- especially if the ears are draining. Earplugs should be worn in the bath and shower if possible.
- If the ear becomes infected (drainage, pain, fevers) the initial treatment should be antibiotic ear drops (ciproxin) and tablet antibiotics only if the infection is not improving with drops.
- Do not eat or drink after midnight before the surgery. If the surgery is in the afternoon, you may have a light breakfast before 0630 (eg toast and orange juice).

## AFTER SURGERY

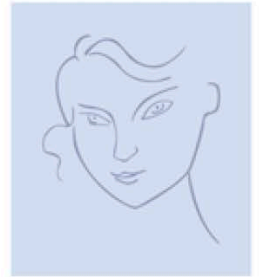
- You can usually return to light work/ school two days after surgery.
- After surgery, you will usually be given drops (ciproxin) – use 3 drops in the operated ear three times per day for three days (or longer if directed).
- There is normally drainage from the ears (which may appear yellow, green or bloody) for up to 1 week after surgery. If it persists, contact Dr Iseli's office.
- Keep your ear canal dry until Dr Iseli advises you the new ear canal is healed.
- Do NOT blow your nose with your nostrils blocked until Dr Iseli advises you the ear is healed (6-8 weeks). If you need to sneeze, open your mouth to release the pressure.
- Do NOT lift more than 2 milk bottles (5kg) for 2 weeks.
- Keep your ear dry as this improves healing. While swimming protect the ear by using ear plugs and a head band. If the ear discharges, it is infected and you will require antibiotic drops (ciprofloxacin 0.3% 3 drops three times/ day for 7-10 days) and should avoid all swimming. When showering or bathing, placing a piece of cotton covered with petroleum jelly or Vaseline in the outer ear canal.
- For pain relief, paracetamol (Panadol<sup>®</sup>) may be used in recommended dosages. Stronger pain relief (panadeine forte) will be provided if required. Do NOT use aspirin, ibuprofen or other such pain killers which may increase the risk of bleeding. A warm pack or heating pad may also be used for pain relief. Use this

for twenty minutes three to four times per day, or as needed. **Do not sleep with a heating pad. They can cause severe burns.**

- Air travel is should be delayed if possible while the graft is healing (ideally 6 weeks). Diving is not allowable until the ear drum is healed.
- Ideally do not smoke cigarettes for 3 months after surgery as these have been shown to delay/ prevent healing.

#### SEEK MEDICAL ATTENTION IF:

- There is bleeding or *purulent* (pus-like) material coming from your ear (you may have an infection)
- You have problems with balance, feel dizzy, or develop *nausea* (feeling sick to your stomach) and vomiting.
- You develop increased pain and/or an oral temperature above 38.5 degrees celcius which is not controlled by medications.



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