Aural polypectomy

What is an aural polypectomy and why do I need this operation?
Aural polypectomy is the surgical removal of a polyp (a fleshy swelling) from either the outer ear or deeper in near the ear drum.

Once removed, the ear canal can be examined further and a medicated dressing may be placed into the ear canal. The polyp will almost certainly be sent for further analysis (histology).

What are the benefits of having an aural polypectomy?
Removing an ear polyp allows the ear canal to be examined in greater detail, medication to be placed further into the ear to prevent the polyp from recurring and may improve the hearing.

What are the risks, consequences and alternatives associated with having an aural polypectomy?
Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications such as:

- Bleeding
- Infection
- Dizziness
- Change to hearing
- Polyp may reoccur

If you are concerned about any of these risks, or require further information please speak to your consultant surgeon.

Your consultant has recommended this procedure as being the best option.

However, the alternative to this procedure is topical steroid treatment in the form of either drops or medicated dressing into the ear canal which will be changed regularly for a period of time. If you would like more information about this, please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation
You will receive an appointment to attend a pre-admission clinic. You will be asked some routine questions about your general health, medicines that you take at the moment and any allergies you may have.

Please feel free to ask questions and raise any concerns you may have regarding your operation.
A hearing test will be organised for our records.

If you have been prescribed eardrops, continue using these whilst waiting for your operation, unless otherwise advised by the surgeon.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked to have a bath/shower before coming into hospital (if possible).

**Smoking cessation**
Smoking greatly increases the risk of complications during and after surgery, so the sooner you can stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For free help and advice contact the *NHS Derby City Stop Smoking Service* (Fresh Start) on Freephone 0800 7076870 or *Derbyshire County Stop Smoking Service* on Freephone 0800 085229.

**On admission**
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

You will have the opportunity to discuss your operation with staff. It is important that you understand your operation, and the risks involved before you sign a consent form to this effect.

You will be given the choice of walking to the anaesthetic room or alternatively you could be taken in a wheelchair if you wish.

**What sort of anaesthetic will I have?**
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you. A small needle or cannula will be inserted into the back of your hand.

**What should I expect after the operation?**
When you return to the ward you may be sleepy. Your blood pressure and pulse will be monitored at regular intervals until you are fully recovered.

A mouthwash will be offered on your return to the ward.

A drink of water will be offered 1 - 2 hours after your return to the ward.

An ear dressing may be inside your ear for up to 3 weeks after your operation, but your surgeon will confirm the duration with you before you are discharged.

You may find it more comfortable to lie on your back or unaffected side.

**Going home**
Depending on the surgeon’s instructions or your general health this operation will be carried out either as a day case where you go home on the same day as the operation, or as an inpatient where you will be discharge home the following morning.

Staff will be able to answer any questions you may have before your discharge.
DISCHARGE INFORMATION AND AT HOME ADVICE

If you experience any pain take what you normally would do for a headache - follow the manufacturer’s instructions and do not exceed the stated dose.

Returning to normal activities
We advise you take a minimum of 2 - 3 days off work depending on your employment.

Important information for day case patients
You must not drive or go home by public transport. Therefore, you must make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi. Please note hospital transport and ambulances are not normally available for day patients.

The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. You are under the influence of drugs during this time and therefore there are certain things that you should and should not do.

You should:

- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact your GP if you have not passed urine 12 hours after your operation.
- Have a lie in the next day. It could take 2 - 3 days before the weariness wears off and you could suffer lapses in concentration for up to a week.

For at least 24 hours after your operation you must not:

- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer as this can cause blurred vision.

Please hand your discharge letter to your GP’s surgery within the next 2 - 3 days.
Further appointments
A follow-up appointment will be sent to your home address.

If you have any queries before your operation, please telephone the Pre-Assessment Nurse Specialists on 01332 787472.

We hope your recovery is speedy and uneventful.

If you have any queries please telephone Head and Neck Outpatients on 01332 787472, Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends contact Ward 307 on 01332 787307.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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