

## **EXOSTOSES/SURFER'S EAR**

- Exostoses are an abnormal bony narrowing of the ear canal.
- Lumps of bone reduce the view to the eardrum.
- In many cases this is asymptomatic, but when more advanced can lead to blockage and infection.
- It is more common in surfers and swimmers.

## **SYMPTOMS OF EXOSTOSES/ SURFER'S EAR**

- water trapping- water after swimming or surfing can take a long time to clear leaving a feeling of persistent blockage
- obstruction with debris- a smaller than usual amount of wax or debris can cause complete obstruction of the ear
- infection- otitis externa is more likely than for an average ear, and may be more difficult to treat
- In the most severe cases, the bone can completely close the ear canal, only correctable with surgery

## **MANAGEMENT OF EXOSTOSES/ SURFER'S EAR**

- It is possible to improve many ears with simple microtoilet (cleaning the ear with a fine sucker under view with a microscope), topical antibiotic treatment and water precautions (wearing a plug when swimming or surfing, drying the ear with a hairdryer on cool setting after water exposure).
- For many people, having the ear suctioned once or twice a year is preferable to the inconvenience, discomfort and slight risk of surgery.
- If the ear remains problematic despite nonsurgical treatment, exostoses surgery to improve the calibre of the canal is likely to help.
- The surgery is uncomfortable, requires some time off work, and a prolonged time out of the water.
- For most people, it gives a long term dry, self-caring ear where water precautions are no longer necessary.

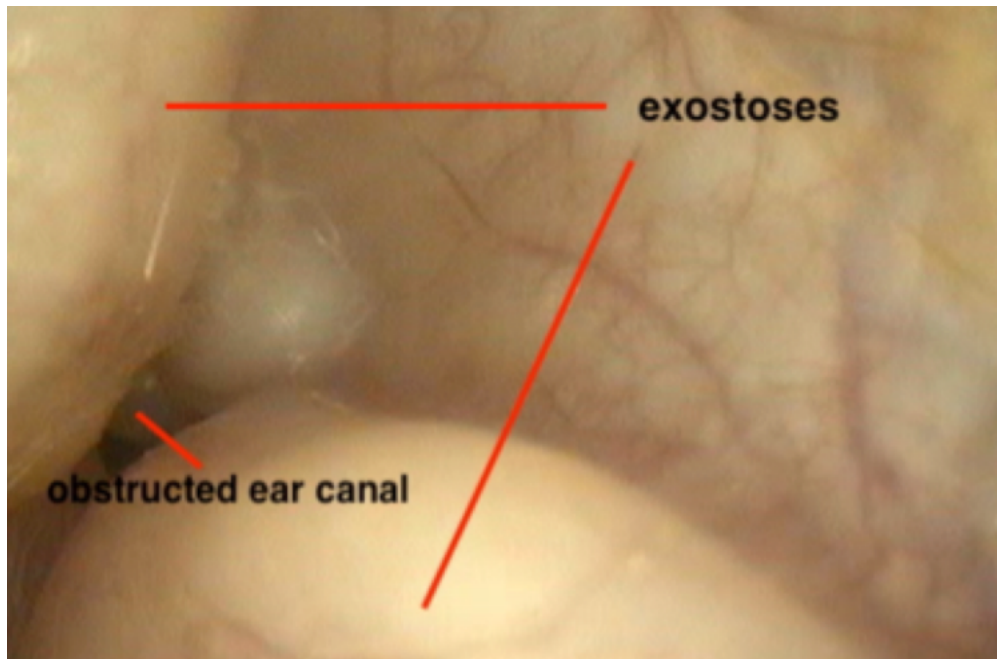


Figure: preoperative photo shows large exostoses in a surfer causing almost complete obstruction of the ear canal.

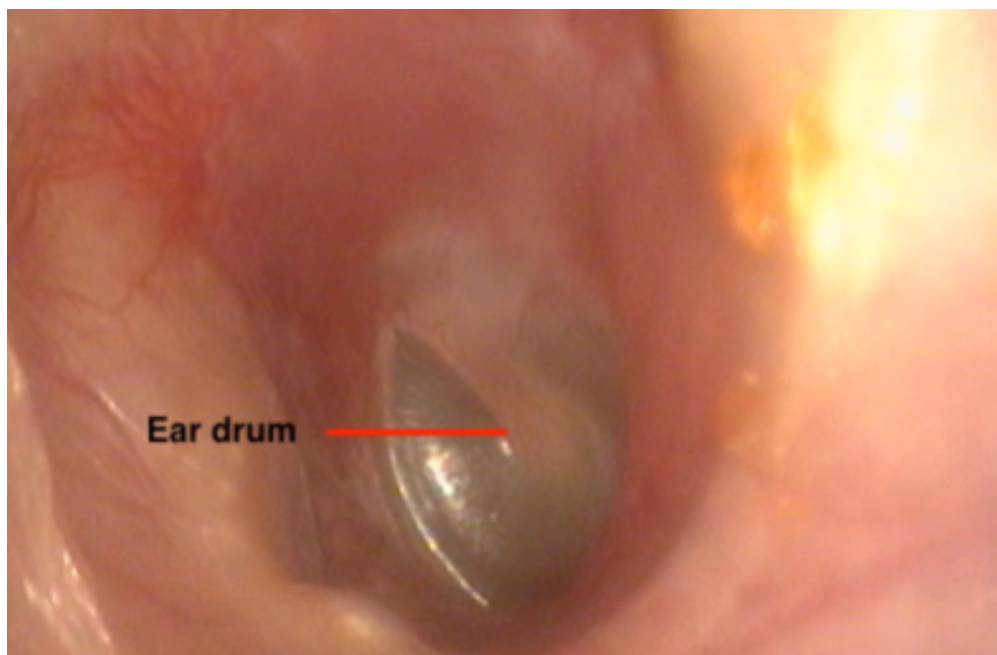


Figure: postoperative appearance of the same ear as above after successful exostosis surgery by Dr Smith. There is a wide view to a healthy tympanic membrane. there is healthy healed skin in an ear which is waterproof, self-caring and free of infections.

#### POSTOPERATIVE INSTRUCTIONS AFTER EXOSTOSIS SURGERY

- Usually there will be an overnight stay.

- In some cases, particularly with an operation time earlier in the day, and a smooth recovery, same day discharge may be possible.
- Up to 2 weeks will be required to fully get over the procedure, depending on the extent of surgery, and the unique healing process of each individual patient.
- For most people, it is possible to get back to work significantly before the 2-week mark, ultimately when they feel well enough.
- Swimming or surfing are usually avoided until the skin of the ear canal is largely healed.
- 50% of patients will be back in the water by the 6-week mark.
- >90% of patients will be back in the water by 3 months.
- For a small number of patients, it can take more than 3 months for the ear to fully heal.

### **PAIN RELIEF**

- Pain is not usually a major feature of this surgery. The following regime is used, as required:
  1. PANADOL 1g 4 X day
  2. CELEBREX 200mg 2X day or NUROFEN 400mg 3X day
  3. Endone 5mg every 4 hours as required
- The extent of pain depends on how extensive the operation was.
- If there is a cut behind the ear (rather than an operation down the ear canal) or extensive drilling of bone, pain might be more severe.
- Some patients can experience significant dizziness in the early postoperative period.
- Fortunately, for most people the pain is quite manageable.

### **POSTOPERATIVE CARE**

#### *Dressings*

- There is usually a head bandage which is removed on the first postoperative day.
- If the operation was down the ear canal, the only dressing will be a small piece of cotton wool at the outside of the ear canal.
- It is not unusual to get some light yellow, or bloodstained discharge in the early postoperative period.
- The cotton wool dressing can be changed whenever it becomes moist or discoloured, which may be up to twice per day.

#### *Packing*

- The deep part of the ear canal is usually packed with a dissolving dressing called gelfoam.

- There are usually 2 small pieces of antiseptic impregnated ribbon gauze just outside the gelfoam.
- Cotton wool will sit just outside the ribbon gauze and may need to be changed 1-2 X a day, if it becomes moist or discoloured.

### *Stitches*

- If there is a cut behind the ear, the stitch is usually under the skin and dissolving (and does not require removal).
- If there is a cut in front of the ear, or inside the ear canal, the stitches are usually dissolving, and don't require removal, but may need to be trimmed.

### **POSTOPERATIVE VISITS**

- At the first postoperative visit (1 week), the ribbon gauze is removed, and the patient will be started on regular antibiotic drops.
- The next review will be at 3 weeks.
- The ear will require frequent review until it is clear that healing is well under way, with no evidence of scarring of the ear canal skin (which can cause permanent narrowing if not recognised and treated).
- If there is narrowing by scar, it can be broken down, or held open with a wick.