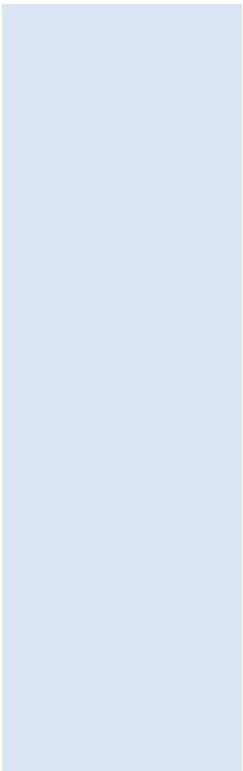


DuPage Medical Group

WE CARE FOR YOU

Otolaryngology, Head and Neck Surgery

otosclerosis



What Can Be Done



At DuPage Medical Group, our physicians are here to help keep you and your family healthy and well. When a health issue arises, we realize you may have questions regarding the condition and treatment options. We have designed this brochure to provide you with answers to your most common questions. And as always, we welcome any additional questions. We are here for you.

we care for you

otosclerosis

Otosclerosis is a common cause of hearing loss affecting many patients and can be passed down in families. It is a disease of the middle ear bones which causes an abnormal fusion or fixation to the inner ear. This fixation of the last bone (the stapes bone) prevents sounds from getting to the inner ear, causing a conductive hearing loss. This type of hearing loss usually can be reversible.

Otosclerosis can affect patients at any age and generally worsens with time. After a patient undergoes a hearing test or audiogram, an otolaryngologist can determine if a patient has otosclerosis and if it can be treated.

On rare occasions, a patient may develop cochlear otosclerosis, which is a progressive and irreversible hearing loss. Unfortunately, this specific problem cannot be treated surgically.

treatment

Surgery is the only treatment which can reverse or improve hearing loss. There are no medical (e.g. medications) treatments of the ear which will correct or improve the hearing in patients with otosclerosis. Occasionally, fluoride treatments may reduce the severity of abnormal ringing or tinnitus associated with otosclerosis.

stapedectomy

A stapes operation may be recommended for patients with otosclerosis who are suitable candidates for surgery. This operation was first performed in 1956 and can be safely performed under local or general anesthesia. Patients typically go home the same day from the hospital.

Surgery involves removing the stapes bone under a microscope and replacing it with a prosthesis that will allow sound to be transmitted to the inner ear. Extremely fine instruments are used to remove the diseased bone.

A laser may be used during the operation. Over 80 percent of patients who undergo stapedectomy have improved hearing after surgery. A small percentage of patients have unchanged hearing and on rare occasions, hearing may be worse after surgery.

If you do not qualify for surgery or do not wish to undergo the operation, a hearing aid may be helpful, although it will not provide complete restoration of hearing loss.

quick reference

otosclerosis

A disease which involves abnormal fusion of the stapes bone to the inner ear. This disease can be passed from generation to generation.

treatment

Microsurgical replacement of the stapes bone with a prosthesis.

alternatives to surgery

Hearing aids



frequently asked questions

- q** What are common side effects after surgery?
- a** Most patients may experience temporary dizziness or unsteadiness after surgery. These side effects usually disappear over a period of hours to days. Unusual side effects may include ringing in the ears.
- q** What should I expect after surgery?
- a** Temporary pain, if any, is controlled with medications. After surgery, hearing will not be optimal as the healing process occurs. You should avoid physical exertion and air travel after surgery for 2 weeks.
- q** Does the surgery require general anesthesia?
- a** No. Surgery may be done under local sedation. Surgery is usually day surgery and patients return home the same day.

after surgery

It is normal to hear unusual sounds and expect some discomfort after surgery. Although some patients feel slight unsteadiness, **call our office if you have severe dizziness, ringing or other problems.**

For 2 weeks after surgery

Change cotton ball in the ear daily or as needed

Avoid heavy lifting or exercise

Keep your ear clean and dry

Avoid blowing your nose

Avoid air travel

risks

Temporary or permanent dizziness or ringing; temporary change in taste; in rare instances, worse hearing loss.

surgical results

85% complete improvement
(elimination of conductive hearing loss)
10% partial improvement
5% no change
1% worse hearing

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