Tympanoplasty, Mastoidectomy, and Stapes Surgery

Ugo Fisch

in collaboration with John May

140 illustrations by Ugo Fisch and Ivan Glitsch
36 tables

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Preface

Every surgical move should be, as in a chess-game, the result of a logical plan. Surgical disasters are usually the consequence of ill-conceived and therefore hazardous actions. Only the constant use of reasonable and logic principles based on knowledge and experience will allow the surgeon to react adequately, even when facing the most unexpected situation.

The aim of this book is to convey a logical approach to the most common problems in otologic surgery. To realize this purpose we have not reviewed all available techniques of tympanoplasty, mastoidectomy, and stapes surgery, but only considered those that have proven of value during 30 years of otologic practice and teaching. Particular care has been taken to explain the reasons determining the choice of a particular technique. Revision surgery, which is the natural harvest of prolonged activity in the otologic field, offered sufficient opportunity to assess the validity of the surgical principles illustrated in this book. Adequate exposure remains the main prerequisite for successful surgery. Most failures of myringoplasty are the consequence of inadequate canalplasty. Wet open cavities are usually the result of insufficient exteriorization. Failures in stapes surgery often derive from limited exposure through a narrow external auditory canal. To achieve adequate exposure, one must be prepared to enlarge a microsurgical keyhole rather than to use inadequately small keys.

The joint preventive efforts of pediatricians and ENT specialists have reduced, in developed countries, the number of patients in need of otologic surgery. The corresponding dilution of surgical expertise has increased the need for simple and reliable otologic techniques. We prefer the endaural approach to the transcanal use of the ear speculum because it provides a larger exposure and allows the use of both hands for ossicular reconstruction and stapes surgery. In view of the reduced opportunities for surgical experience, residents and practicing otologists should also learn to accept their limitations. One should be prepared to refer rare and complex pathologies to those with greater experience and to step out in due time from too difficult surgical adventures to avoid disaster.

The danger of a surgical manual is that it may give a false impression of simplicity and ease. This is why we have attached great importance to the meticulous description of each surgical step. The illustrations in this manual were made by the author and are intended to convey essential surgical features rather than to be a realistic reproduction of a given anatomical situation.

Of course, the manual skills required to perform safe surgery can only be acquired by temporal bone dissection in the laboratory and by carefully supervised surgery in the operating room. Only in this way can one learn to perform an adequate canalplasty reducing the overhang of the anterior canal wall without breaking into the temporomandibular joint, to safely skeletonize the semicircular canals and the tympanomastoid segments of the fallopian canal for the correct exenteration and exteriorization of the retro-

and supralabyrinthine pneumatic spaces, and to perform the steps of stapes surgery with sufficient delicacy of touch. We have tried to make the reader aware of these difficulties throughout the book, particularly in the "rules and hints" sections following each chapter.

A book like this is the result of the effort of many people. I am very greatful to my wife, Monica, for having gracefully accepted that many weekends and vacations were absorbed by the preparation of this book. Sincere thanks go to Mrs. Ch. Hofmann for the invaluable help in typing the manuscript, to Mrs. B. Schmugge for the precious computer instructions, and to Mrs. A. Rapold for trying the impossible and giving me time to write this book within my endless working schedule. I also have to acknowledge the invaluable and dedicated help of Mrs. R. Brandstatter and Mrs. E. Haukenfrers in the operating room, and in compiling the list of instruments cited in this book. My special gratitude goes to Mr. I. Glitsch, who has agreed to give his unique professional touch to the illustrations in spite of his well-deserved retirement and to Dr. John May who, after spending a year of fellowship with us, has taken the trouble to revise the manuscript and to offer many suggestions for its improvement. My thanks also go to Dr. R. Zane, Houston, for his help in correcting the galley proofs. Finally I have to acknowledge the great help of Mr. Menge, Mr. Schafer, and Ms. Solaro of Thieme, who have used all their expertise to put this book in the proper printed shape.

It is my hope that this manual will help residents find a reliable way through the complex and fascinating world of otologic surgery and be of value to the ENT practitioners in solving some of their challenging daily problems.

Zurich, Spring 1994 U. Fisch

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@inproceedings{Fisch1994TympanoplastyMA, title={Tympanoplasty, Mastoidectomy, and Stapes Surgery}, author={U. Fisch and John S May and Thomas Linder}, year={1994} }. U. Fisch, John S May, Thomas Linder. Published 1994.Â Tympanoplasty General Considerations - Definitions - Aims of Tympanoplasty - Preoperative Care - Postoperative Care - Anesthesia - Facial Nerve Monitoring - Instrumentation - Rules and Hints Chapter 2 Myringoplasty General Considerations - Definitions - Surgical Approaches - Selection of Surgical Approach - Grafting Technique Specific Surgical Techniques - Transcanal Approach - Endaural Approach - Retroauricular Approach - Antrotomy - Complications of Myringoplasty - Results - Rules and Hintsâ€¦ Request PDF | Tympanoplasty, Mastoidectomy, and Stapes Surgery, 2nd edn | This book represents all that most of us will ever need to know about middle-ear surgery. It is written by a master in his field, a prolific | Find, read and cite all the research you need on ResearchGate.Â The current study was undertaken to compare the microscopic and endoscopic methods of type 1 tympanoplasty directly using temporalis fascia in an underlay placement method. The panoramic view provided by a 0Â° rigid endoscope coupled with the addition of angled telescopes provides excellent visualization of the entire tympanic membrane, middle ear and ossicular chain, even in the presence of bony overhangs. Middle Ear and Mastoid Surgery. Tympanoplasty and mastoidectomy are two of the most common major ear operations performed on children. Anesthesia usually consists of an inhalational anesthetic and intravenous opioids. Surgical identification and preservation of the facial nerve are necessary because of its proximity to the surgical field.Â This negative pressure may result in serous otitis, disarticulation of the ossicles in the middle ear (especially the stapes), and hearing impairment, which may last up to 6 weeks postoperatively. The use of nitrous oxide may increase the incidence of postoperative nausea and vomiting (PONV), as a direct result of negative middle ear pressure during recovery. Tympanoplasty, Mastoidectomy, and Stapes Surgery. Author. : Fisch , May , Linder , Porcellini.Â Written by a master in his field...can be regarded as the standard reference and surgical guide for this subject.--The Annals of the Royal College of Surgeons of England. This successor to the author's standard-setting, problem-solving manual on tympanoplasty contains step-by-step illustrations of surgical techniques that have proven valuable during 30 years of experience. The illustrations were drawn by the author himself and provide the details essential for a firm understanding of each procedure.