

Surgery of Ear

Otitis externa is inflammation of the vertical or horizontal ear canal or both.

Otitis media is inflammation of the tympanic cavity and membrane.

Otitis interna is inflammation of the inner ear that typically causes vestibular disease in dogs.

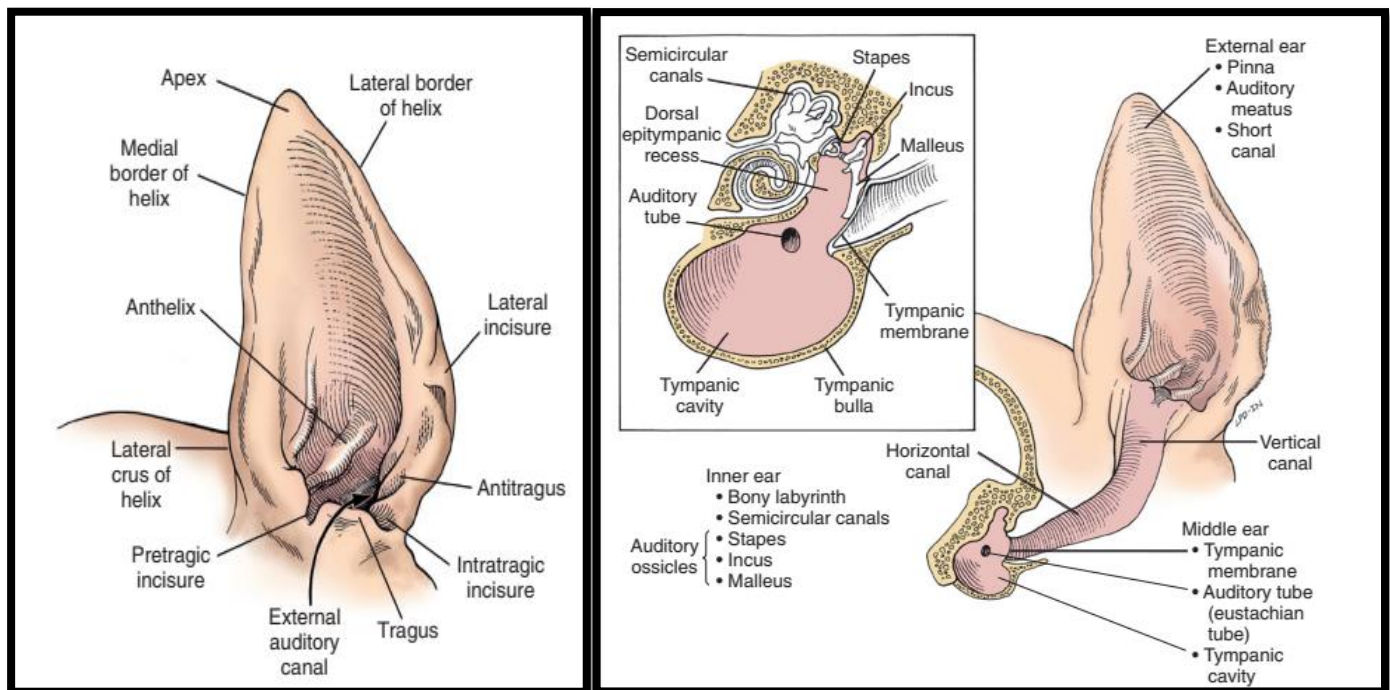
SURGICAL ANATOMY

The ear is composed of three parts:

(1) the inner ear, which consists of a membranous and bony labyrinth and functions for hearing and balance.

(2) the middle ear, which is formed by the tympanic cavity and connects to the pharynx via the auditory tube (eustachian tube).

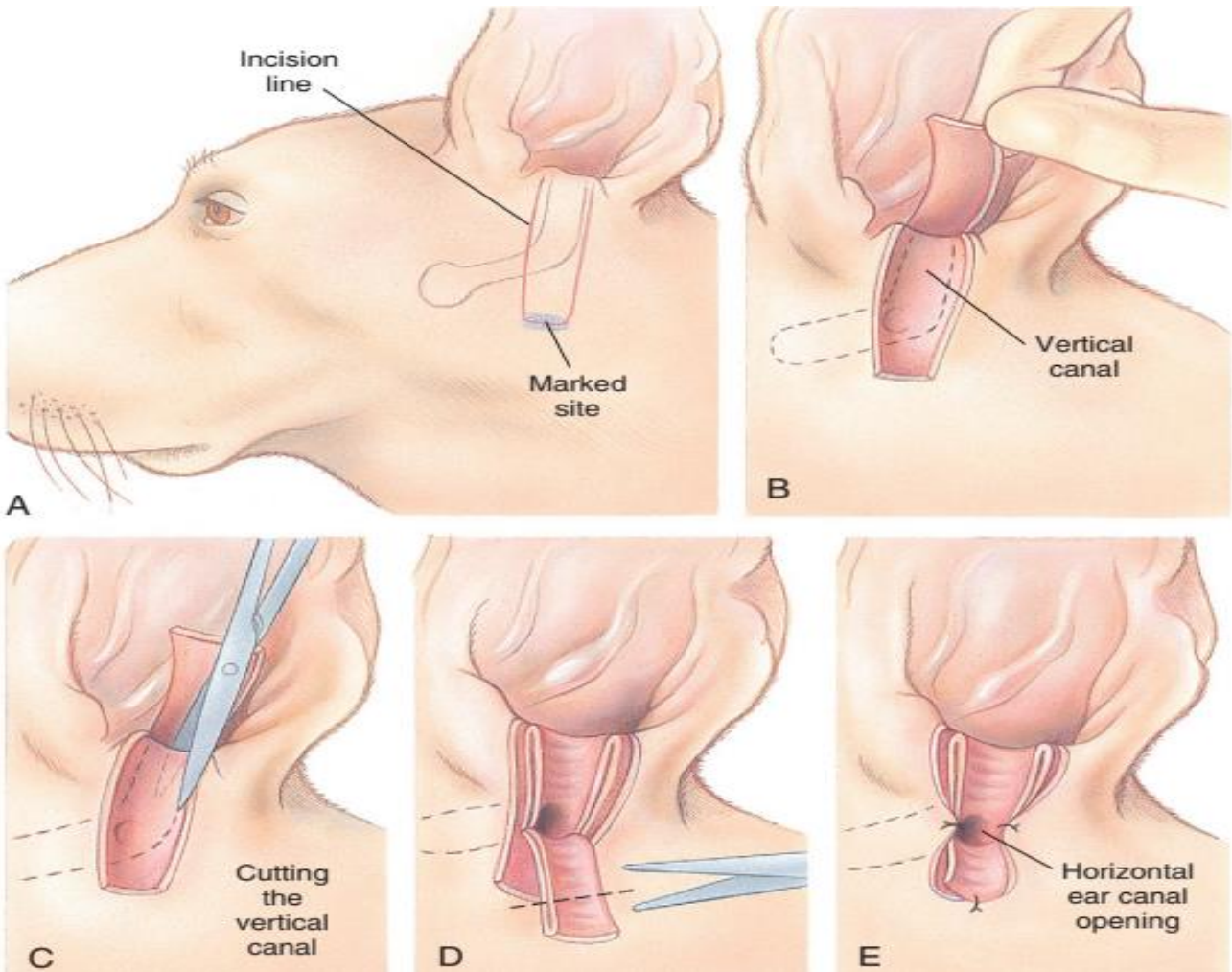
(3) the external ear, which is formed by the auditory meatus and a short canal. The inner ear is located within the osseous labyrinth of the petrous part of the temporal bone.



Lateral Ear Canal Resection

Indications

- 1- Hyperplasia of the ear canal epithelium
- 2- neoplastic lesions of the lateral aspect of the vertical canal
- 3- obstruction or stenosis of the horizontal ear canal



A, Mark a site one-half the length of the vertical ear canal. **B**, Lateral to the vertical ear canal, make two parallel incisions that extend from the tragus ventrally to the marked site. **C**, Connect the skin incisions ventrally and reflect the skin flap dorsally, exposing the lateral cartilaginous wall of the vertical ear canal. Use Mayo scissors to cut the vertical canal. **D**, Reflect the cartilage flap distally, and inspect the opening of the horizontal canal. Resect the distal half of the cartilage flap to make the drainboard, and remove the skin flap. **E**, Place sutures from the epithelial tissue to the skin. Begin suturing at the opening of the horizontal canal, then suture the drainboard.

Postoperative Care

- 1- Analgesics should be given after ear canal resection or ablation.
- 2- Bandage should be placed over the ear or ears, and an Elizabethan collar or sidebar should be used to prevent bandage removal or ear mutilation.
- 3- If swelling is excessive, a cold pack can be applied to the side of the face several times a day for the first 24 to 36 hours after surgery.
- 4- Antibiotics should be based on culture results and continued for 3 to 4 weeks.
- 5- Sutures can be removed in 10 to 14 days.

Complications

- 1- Otitis externa.
- 2- Facial nerve palsy.
- 3- Vestibular dysfunction.
- 4- Chronic fistulation or abscessation.
- 5- Vascular necrosis of the skin of the pinna.
- 6- Wound infections.