A stapedectomy involves removing one of the small bones of the middle ear called the stapes and replacing it with a prosthesis through a small incision made in the ear canal, or through a larger incision made behind the ear.

A stapedectomy is performed when the stapes becomes fixed, usually due to a condition called otosclerosis or a congenital malformation.

- Otosclerosis is an abnormal growth of bone in the middle ear.

The surgery is usually performed as an outpatient procedure.

**Possible risks of surgery:**
- Facial weakness/numbness
- Vertigo
- Vomiting
- Tympanic membrane tear
- Tinnitus or ringing
- No improvement in hearing

**What to expect after surgery:**
- The first 24 hours after surgery, you will need to be very still
- Avoid sudden movements when you turn your head, roll over, or get up
- Your hearing will fade the first few weeks after your surgery because of the blood clot that forms in your ear canal. As the clot shrinks, your hearing should gradually improve.

- Do not lie on your operated ear
- Do not blow your nose
- Cough or sneeze with mouth open to reduce pressure on the ear
- If your doctor prescribes ear drops, you will be instructed how often to use them.
- Initially, you may have some drainage (bloody in color).
- This should stop after approximately 3 days
- Dizziness, if this persists call the ENT clinic
- You may develop a metallic taste, it will probably return to normal, but may take a few months to completely do so.
- Absolutely cannot get water in the ear
- No showering until post-operative checkup
- To avoid water in the ears: apply Vaseline jelly on cotton ball and place Vaseline side in the ear (this creates a water barrier)
- No lifting over 5 lbs for at least 2 weeks
- You will return to the ENT clinic 1 week after surgery for post-operative checkup.

**Call the ENT clinic or Case Manger if you experience any of the following:**
- Drainage that persists
- Swelling
- Increased pain
- Fever of 101° or higher
- Sudden deafness
- Constant ringing