



Translabyrinthine Excision of Acoustic Neuroma

Procedure Information Sheet

Introduction

Removal of tumour from the internal acoustic canal and / or cerebellopontine angle

Indication

Excision of tumor in patients with poor hearing on the tumour side

The Operation / Procedure

- 1. Incision is made behind the ear
- 2. Drill away the labyrinthine bone after safeguarding the facial nerve
- Remove tumour and fill the defect with soft tissues 3.
- 4. Close the wound
- Apply pressure dressing for few days

Before the Operation / Procedure

- Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
- 2. Stop food and drink if needed as instructed by doctor or nurse
- 3. Other special preparation or investigation before the procedure
- Intended benefits and expected outcome
 - 4.1 Ideally, complete removal of tumour with no neurological consequence.
 - 4.2 There is chance of residual disease and recurrence
 - 4.3 Further treatment modality may be required

After the Operation / Procedure

- 1. May need to stay in intensive care unit for one day or two for observation
- 2. Wound pain and discomfort
- 3. Lie in a slightly head up position may help reduce oedema after the procedure
- 4. Do not lift or strain during early postoperative period
- 5. See the doctor as scheduled
- Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or 6. signs of wound infection.
- Periodic MRI scanning may be required if tumour is not completely removed 7.

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Risk and Complication

- 1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Common risks and complications (\geq 1% risk)
 - 2.1 Complete destruction of residual hearing
 - 2.2 Postoperative vertigo-usually temporary
 - 2.3 Intracranial haematoma-requires a second operation to evacuate
 - 2.4 Facial nerve temporary or permanent paralysis-inability to smile, frown and close the eyes.
 - 2.5 Cerebrospinal fluid leakage-may need a second operation to stop the leak
 - 2.6 Wound breakdown
 - 2.7 Hypertrophic scar and keloid
 - 2.8 Residual tumour
 - 2.9 Meningitis
- Uncommon risks with serious consequences (<1% risk)
 - 3.1 Cerebellar and brainstem stroke
 - 3.2 Other cranial nerve injury-difficulty with swallowing and speaking
 - 3.3 Death
- Consequences of no treatment
 - 4.1 Progression of disease with time
 - 4.2 Further impairment of hearing and speech perception and worsening of otological symptom such as tinnitus
 - 4.3 Pressure effect to surrounding vital structures, e.g. brain stem, cerebellum.
 - 4.4 Obstruction of flow of cerebrospinal fluid with hydrocephalus, causing impairment of cognitive or sensorimotor function and even death.

Alternative Treatment / Investigation

- 1. Stereotactic radiosurgery
- 2. Observation
- 3. Other surgical approaches

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Translabyrinthine Excision of Acoustic Neuroma (2/2020)

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		Patient's Label Patient Name: Hospital No:	
Patient's Signature:	Date:	Episode No:	