Complication Rates After Bilateral versus Unilateral Total Ear Canal Ablation with Lateral Bulla Osteotomy for End-Stage Inflammatory Ear Disease in Dogs: 79 Ears.

Coleman KA1, Smeak DD1.

Abstract

OBJECTIVE:
To determine whether perioperative complication rates are different between unilateral (ULS) versus single-stage bilateral (BLSS) total ear canal ablation-lateral bulla osteotomy (TECA-LBO) surgeries.

STUDY DESIGN:
Retrospective case series.

ANIMALS:
Fifty-seven dogs (79 ears) undergoing TECA-LBO at a single institution over 14 years.

METHODS:
Medical records of dogs undergoing TECA-LBO for end-stage inflammatory non-neoplastic ear disease from March 1999 to September 2013 at the Colorado State University Veterinary Teaching Hospital were evaluated for intraoperative and early postoperative complications associated with the procedure. Inclusion criteria were clinical and/or histopathologic diagnosis of chronic otitis externa, surgical treatment by TECA-LBO, and a minimum of 2-week follow-up data.

RESULTS:
Twenty dogs (40 ears) underwent BLSS and 37 dogs (39 ears) had ULS. Complications were recorded for 29 of 40 ears (72.5%) in the BLSS group (40.0% facial nerve, 15.0% ocular, and 32.5% minor incisional complications) and 25 of 39 ears (64.1%) in the ULS group (33.3% facial nerve, 12.8% ocular, and 23.1% minor incisional complications). Dogs undergoing BLSS did not have a significantly higher total complication rate, or higher neurologic, ocular, or incisional complication rates, than the ULS procedure. No major anesthetic complications affecting outcome were recorded for either group.

CONCLUSION:
Anesthetic and early surgical complication rates after ULS and BLSS were not significantly different in our study. Offering single-stage bilateral TECA-LBO procedures for otherwise healthy dogs with end-stage inflammatory otitis externa is a viable treatment option without additional risk for complication.
Postoperative complications following TECA-LBO in the dog and cat.

Spivack RE1, Elkins AD, Moore GE, Lantz GC.

Abstract

The medical records for 133 total ear canal ablations combined with lateral bulla osteotomies (TECA-LBOs) performed on 82 dogs (121 ears) and 11 cats (12 ears) between 2004 and 2010 were reviewed to determine if the duration of preoperative clinical signs was associated with the incidence of postoperative facial nerve injury and Horner’s syndrome. Other perioperative complications, such as a head tilt, nystagmus, incisional drainage, draining tracts, hearing loss, as well as bacterial culture results, were noted. Postoperative facial nerve paresis occurred in 36 of 133 ears (27.1%), and paralysis occurred in 29 of 133 ears (21.8%), with no significant difference between species. Thus, postoperative facial nerve deficits occurred in 48.9% of ears. The median duration of clinically evident temporary facial nerve deficits was 2 wk for dogs and 4 wk for cats. Dogs had a significantly longer duration of preoperative clinical signs and were less likely than cats to have a mass in the ear canal. Dogs were less likely to have residual (> 1 yr) postoperative facial nerve deficits. The incidence of postoperative Horner’s syndrome was significantly higher in cats than dogs. The duration of preoperative clinical signs of ear disease was not associated with postoperative facial nerve deficits.

Management of complications associated with total ear canal ablation and bulla osteotomy in dogs and cats.

Smeak DD1.

Abstract

Total ear canal ablation combined with bulla osteotomy is a salvage procedure recommended primarily for end-stage inflammatory ear canal disease but also for neoplasia and severe traumatic injuries. Due to the complexity of the procedure and the poor exposure associated with the surgical approach, there is significant risk for a variety of complications. This review discusses intraoperative, early postoperative, and late postoperative complications reported in large retrospective studies, the causes for these complications, and recommendations about how to prevent them.
Total ear canal ablation in the cat: indications, morbidity and long-term survival.

Bacon NJ1, Gilbert RL, Bostock DE, White RA.

Abstract

Fifty-two total ear canal ablation (TECA) procedures in 44 cats were reviewed. The indication for surgery was neoplasia in 41 per cent of the cats, 86 per cent of which had ceruminous gland adenocarcinoma. Chronic inflammatory or polypoid disease accounted for 50 per cent of surgical procedures. Postoperative complications included Horner’s syndrome (42 per cent) and facial paralysis (56 per cent) and these were permanent in 14 per cent and 28 per cent of cases, respectively, with the rest resolving in the ensuing weeks or months. The higher incidence of Horner’s syndrome and facial paralysis in the cat, compared to the dog, was attributed to greater fragility of the feline tympanic plexus and facial nerve. The median survival time of cats with ceruminous gland adenocarcinoma was 50-3 months, and did not differ significantly from that for inflammatory or polypoid disease. A potential prognostic indicator for this tumour was the mitotic index (MI): cases with MI ≤ 2 survived significantly longer than those with MI > 2.

Total ear canal ablation combined with lateral bulla osteotomy for end-stage otitis in dogs. Results in thirty dogs.

Mason LK1, Harvey CE, Orsher RJ.

Abstract

Thirty dogs with end-stage otitis were treated by either unilateral or bilateral total ear canal ablation and lateral bulla osteotomy. Otitis was considered end stage when the horizontal ear canal was collapsed, stenotic, or occluded in conjunction with chronic infection of the external and middle ear. The dogs were evaluated clinically and radiographically for 4 to 63 months. The frequency of scratching, head shaking, aural drainage, and para-aural fistulation was significantly decreased. Abnormal ear carriage and head tilt were not changed. The results in 23 dogs were graded as excellent or improved. One dog died of intraoperative hemorrhage. Complications during the period from suture removal to follow-up included para-aural fistulation (3 dogs), facial nerve paralysis (5 dogs), and head tilt (3 dogs).