



New York Veterinary Specialty and Emergency Center

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Quality Medicine with a Caring Attitude

Total Ear Canal Ablation and Ventral bulla Osteotomy "TECA"

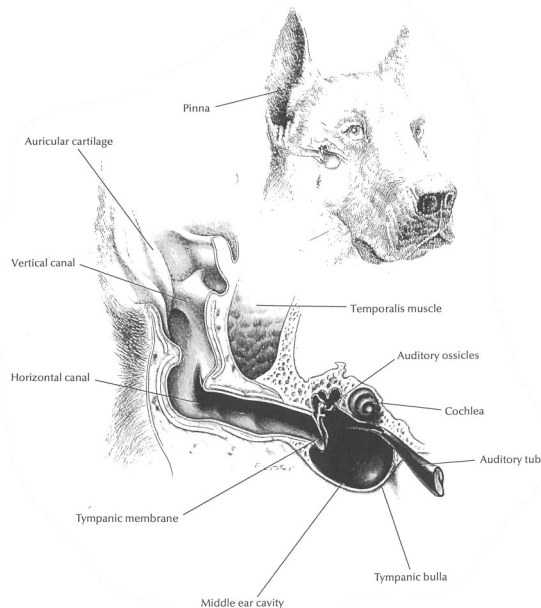
This procedure is recommended for dogs or cats with end-stage ear canal disease.

The procedure involves the removal of the entire cartilaginous ear canal down to the bony middle ear (bulla) and the removal of the outer wall of this bony cavity. Once exposed, the bulla is cleaned out. To prevent possible reoccurrence of the infection, all visible ear canal tissue must be removed.

Benefits of the procedure include the following:

- Relief of pain and discomfort
- Removal of infection and odor
- Halt the progression of the disease
- Relieve the owner of the responsibility and cost of constant treatment of the patient's ears

Potential complications include facial nerve paralysis. During the procedure the nerve may be damaged or completely cut. The worse the disease, the more likely the nerve will be cut. This complication occurs in about 5 - 10% of the cases. Nystagmus (twitching of the eyes), head tilt, reoccurrence of infection (abscess formation) and loss of the pinna (ear flap) are even less likely complications to occur. If the facial nerve is damaged or cut, there will be temporary or permanent loss of the "eye blink" reflex and dropping of the lower lip on the affected side. If temporary, the problem resolves within 2 months. Even if these complications are permanent, there is usually no major effect to the patient. Even though rare, anesthetic death can occur. With the use of extensive monitoring equipment (blood pressure, EKG, pulse oxymetry, inspiratory and expiratory carbon dioxide levels and respiration rate) as well as strict anesthetic protocols the risk of problems with anesthesia is minimal.



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According to recent studies the patient will most likely be deaf in the operated ear. However, a few owners whose pets have had bilateral surgery report that they believe their pets can detect sounds. Most likely, hearing is not improved; rather the pet is feeling better and is more willing to respond to auditory stimuli such as the ringing of a doorbell.

Radiographs or a CT-scan will be done before surgery. It is very useful to know how the bad the bulla looks, how narrowed the ear canals have become and if they are mineralized. This will also tell us if there is a mass growing in the area. The ear will also be cultured and biopsies may be taken during the procedure. This helps to get the patient on the most effective antibiotic and/or treatment right at the beginning of the healing process.

The cosmetics following the surgery on a dog with floppy ears is very good. After the surgery, there will not be an opening into the ear canal. Cats and dogs with erect ears may have some drooping of the ear flap and the scar from the surgery may be visible. Your pet will be hospitalized for 2 – 3 days any may be discharged with a bandage around the head. There may be some discharge from the incision site for a few days post-operatively. The healing process usually requires about 3 weeks.

Your pet will require pain medications at home. Signs of discomfort include, crying, pacing, restlessness and not wanting to sleep. A pain patch will be placed on your pet in the hospital and will still be on at discharge. We will also send the patient home with anti-inflammatory / pain medication such as Rimadyl, Deramaxx or Metacam. Remember that the worst of the pain is for the first one or two days after surgery, while your pet is here in the hospital and on IV pain medication.

Even with the potential complications, this is a very rewarding surgery. In most cases, the results are near miraculous. Patients are free of the pain and discomfort of chronic infection; owners have reported the pet demonstrates this fact by being more active and “acting like a puppy” again.

During Surgery:

With the patient sleeping (under anesthesia), the ears and head are shaved and the ear canal is flushed to remove as much infected material as possible. This will help from contaminating the normal tissue.

If only the middle ear is affected, a **Bulla Osteotomy** is performed. The bony wall of the bulla is opened surgically either from the side or from under the neck to gain access to the middle ear. Drains are placed to evacuate the infection.

More severe infections require a more involved surgery called a **Total Ear Canal Ablation and Bulla Osteotomy**. During this procedure, both the vertical and horizontal portions of the ear canal are removed as one long intact curved cylinder. The bones of the middle ear and the ear drum are also removed.

The tympanic bulla is exposed and opened, any material is removed (flushed out) and the cellular lining of the bone is scraped away. Often an external drain is placed and will be removed in one to seven days after the procedure, depending on the amount of drainage. The drains that are placed will encourage healthy tissue growth without abscess pocket formation.

