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Transtympanic Steroid Infusion

If you have Meniere's disease, sudden sensorineural hearing loss and other inner ear disorders you may benefit from medications placed in your inner ear. Steroids are drugs that reduce inflammation. Placing the medication directly into your middle ear through the eardrum can result in high concentrations of steroids being absorbed into your inner ear. These are series of five injections that are performed on Tuesdays and Thursdays, unless otherwise indicated.

Procedure

The procedure is performed by first putting a small amount of numbing medication on your eardrum which may cause mild discomfort for a few seconds. A small hole is made in your eardrum where the numbing medication was placed. The medication is infused into your middle ear using a tiny needle and filling your middle ear cavity with the steroid medicine. A bitter taste and mild dizziness may occur for a short period of time after the procedure. A cotton ball is placed in the outer ear. You will lie down for 10 minutes to allow the medicine to reach the inner ear organ. This is a very safe, fast procedure and chances of side effects are very low.

Potential Side Effects

Infection: This is rare, if it should occur, eardrops are prescribed.

Perforation: The needle makes a small hole in the eardrum. This usually heals quickly but occasionally fails to heal. Water must be kept out of the ear while the hole is present. Although seldom needed, patients

who do not heal may require a patching procedure to seal the hole.

Dizziness: A mild and temporary dizziness may occur in some patients after the medicine has been placed in the ear, this generally will resolve within a few minutes. Only rarely may dizziness be caused or worsened by this procedure.

Tinnitus: Most patients have this before the transtympanic infusion of the steroid. It may often improve the tinnitus, it may remain unchanged and very rarely worsen the tinnitus.

Hearing Loss: Most patients have a hearing loss and this is likely the reason the steroid infusion is being performed. Worsened hearing and profound hearing loss may rarely occur. Complete loss of hearing has been reported, but is very rare.

Facial Weakness: This is exceedingly rare.

Do not "pop" your ears by holding your nose and blowing air through the eustachian tube. If it is necessary to sneeze, do so with your mouth open.

Do not allow water to enter your ear. When showering or washing your hair, place a cotton ball with Vaseline in your ear canal. Place the Vaseline in the cotton and work it into the cotton until there is no dry cotton. Keeping water out of the ear will help encourage the healing process.

If you wear a hearing aid, you may place the hearing aid back in your ear the following day.

What to Expect Post Infusion

After you have completed the series of five injections, you will return for a 3-week follow-up, a second hearing test will be performed to determine how much hearing has been recovered. If there is a total recovery of hearing, there is no need for another series of infusions. If there is a partial recovery of hearing, an additional series of infusions will be discussed. More hearing may be recovered following subsequent infusions. If no recovery of hearing is noted at your 3-week follow-up, often some hearing may be realized after several weeks. A six-week follow-up is scheduled for a hearing test to determine if any hearing has been regained.

**The Arizona Hearing Center wants all of your questions to be answered.
We would rather you err on the side of caution rather than not calling.
Please feel free to call at 602-307-991**