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REMOVAL OF PREAURICULAR FISTULA

WHY DO I NEED SURGERY?

The purpose of this surgery is to remove a cyst which didn't dissolve on its own in embryo. In most children, as well as some adults, the remnants of a small cyst that is often part of developmental embryology remain. In some adults, as well as children, the cyst did not get dissolved naturally and you may be left with a small sized cyst formation, which is often referred to as a branchial cleft cyst. This is usually benign. However, it may get infected and cause injury. To prevent you from having a severe infection of the ear canal as well as injury to the nerves that reside in this area, it is best to remove this permanently.

WHAT HAPPENS DURING SURGERY?

This surgery is done under general anesthesia. A catheter will be placed into the fistula formation. A blue dye is placed in the catheter and injected into the cyst to allow complete exposure of the cyst itself. The cyst will then be dissected and removed. Sometimes, a small piece of cartilage from the outer ear may be connected to the fistula. Upon removing the entire cyst in one piece, the area will be reapproximated with sutures. In some situations, if there is severe infection, we cannot remove the entire cyst and may have to opt for incisional drainage of the entire ear mass. After the infection has resolved, another surgery can be scheduled to remove the remainder of the cyst. However, if there is no infection, the cyst can be removed in one sitting. The surgery will take about an hour and a half to two hours. You will probably go home on the same day. A dressing will be applied to this area.

WHAT TO EXPECT AFTER SURGERY?

Most of the time, there will not be any drain left in this area. A suture and a dressing will be applied. You will be asked to cleanse this area with hydrogen peroxide and to apply a fresh coat of antibiotic ointment and a Band-aid. For the first 72 hours, you should keep the area completely dry. A routine followup will be done from seven to ten days later. Usually absorbable stitches are used during this surgery.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

Some of the cysts have small footplates and remnants of the cyst that remain, even after surgery. In cases where patients have had infection prior to the surgery, it is likely that the cyst has some other areas of invasion that may not be detected with the blue dye. In rare cases, about 3-5%, the cyst has recurred after surgery. If so, the patient may require another operation to have this remnant removed. Another complication involves the facial nerve. This nerve supplies the smiling portion of the face and also the nerve that innervates the eyes is located in this area. If the cyst is bound to the facial nerve and if

the facial nerve does not survive during this operation, it is possible that you could have facial nerve weakness in this area. Often times, the patient will present with paralysis of the right upper side of the face.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

IT IS MANDATORY TO BRING A FAMILY MEMBER OR FRIEND WITH YOU TO THE PREOPERATIVE VISIT. THIS IS BECAUSE PATIENTS, AFTER THE SURGERY, DUE TO THE GENERAL ANESTHESIA MAY FORGET THE INFORMATION PROVIDED TO THEM BEFORE THE SURGERY.

PLEASE SIGN AND RETURN THIS FORM TO OUR OFFICE WHEN YOU COME FOR YOUR PREOPERATIVE VISIT.

Please feel free to contact our office with any questions you might have at 714-441-0133.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

Patient Signature

Patient Name-Printed

Date