

# Total Ear Canal Ablation

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The ear is comprised of inner, middle, and external portions. The inner ear is responsible for balance and the connection of sound waves to the brain. The middle ear contains the tympanic bulla and eardrum. The external portions contain the ear canal and the ear lobe. A TECA is the surgical removal of the entire external ear, which is also called the ear canal. A second procedure called a bulla osteotomy is typically performed during the same surgery. The bulla is a portion of the skull that contains the middle ear. By opening and clearing the bulla of all infected material combined with the ear canal removal, the chances of future infection are greatly decreased.

Ear canal removal is most commonly performed in spaniel breeds, in which chronic ear infections often occur. Chronic ear pain may lead to lethargy, inappetence, and frequent scratching at the ear. Once ear cleanings are no longer effective in controlling ear canal infections, surgical removal of the entire ear canal is an extremely effective treatment to eliminate the pain and bad odor, which is seen with this condition. This surgery can greatly improve the quality of life for many dogs and cats. Depending on the aggressiveness of the tumor, removing the ear canal along with the tumor can be curative.

Most pets recover quickly following ear canal removal. Strict rest is advised for 2 weeks to ensure incision healing, but most patients seem eager to return to full activity long before this period of rest is complete.

The cosmetic result following surgery is excellent. Once the incision heals and the hair regrows, it is very difficult to notice that surgery has been performed. Other than the absence of the ear canal, all other structures of the ear are left undisturbed.

The sense of hearing will be decreased following surgery, however, many owners do not notice a significant change. Patients typically have a history of diminished hearing prior to surgery due to chronic inflammation and thickening of the ear

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canal. Temporary damage to the facial nerve may occur during surgery, which leads to a loss of the blink reflex for 2-4 weeks. Until blink returns, eye lubrication is required to moisten and protect the eye. Permanent facial nerve damage is possible but rare. Infection and/or abscess formation may occur up to 2 years after surgery; the risk of this occurring is 5-10%. Other less common complications include signs of inner ear disease (circling, head tilt, abnormal eye movement) and difficulty eating due to jaw pain. Most of these complications resolve with time and rest.



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