

VESTIBULAR NEURECTOMY (BALANCE NERVE SECTION)

Risks and Complications of Surgery

Vestibular Neurectomy is an operation to cut the balance nerve while preserving the hearing nerve from the ear to the brain. This operation is done to relieve vertigo from the inner ear while preserving hearing. The operation is done through the mastoid bone behind the ear or through an opening in the skull behind the mastoid.

As with any surgery, there are not only benefits, but also risks. The following information will help you understand the risks of a vestibular nerve section. There is a possibility that the surgery will not be completely successful in curing your vertigo.

<u>Hearing Loss</u>: Mild hearing loss in the operated ear occurs in some patients. In very rare cases, total hearing loss occurs.

<u>Tinnitus</u>: Tinnitus may remain, disappear or get worse.

<u>Dizziness</u>: Severe dizziness, vertigo and imbalance is common immediately following surgery due to cutting of the balance nerve. After a few days vertigo spinning stops, and imbalance improves slowly over a period of weeks to months. In a few, permanent imbalance may result. Even after one year, slight transient imbalance may occur which does not usually interfere with normal activities.

<u>Facial Weakness</u>: The facial nerve is in close relationship to the balance and hearing nerves. Weakness of the face from injury to the facial nerve is a rare complication of surgery. A facial weakness has occurred on a temporary basis in a very few patients.

<u>Spinal Fluid Leak</u>: Rarely, persistent cerebrospinal fluid leaks from the wound. The patient must remain in the hospital with spinal fluid drain in place for 3 or 4 days until the leak stops. Rarely, further surgery is necessary.

<u>Infection</u>: Serious infection rarely occurs following surgery. Should it develop, it could lead to meningitis, an infection in the fluid and tissues surrounding the brain and require prolonged hospital treatment with antibiotics. A wound infection occurs in a few cases and is treated with antibiotics and drainage and is usually not a serious problem.

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