

Editorial

About the indication to stapes surgery

Antonio Pirodda

Professor of the Alma Mater, University of Bologna, Italy

Dear Editor,

over the years stapes surgery has reached a widespread level of safety, provided that a correct technique is adopted. This progressively led to a diffuse indication to stapedoplasty, even in cases deserving an accurate definition of the risk/benefit ratio. Actually, surgeons not always keep in mind that stapedoplasty does not represent an aetiological therapy, as it is well known that the progression of the damage to the inner ear is not influenced by surgery. On the other hand, in many cases the same results can be reached by resorting to a hearing aid, thus avoiding the risk connected with the operation. In my personal practice, I could realize that for many patients these concepts were unclear, as they presented with the illusion of a definitive and unique solution. Additionally, it must be emphasized that, beside the minimal but not unreal risk connected to opening the labyrinth during the operation (an accurate HRCT study is mandatory to minimize this risk), the operated ear will always remain weaker than a normal one. In fact, the necessary repair of the perilymphatic fistula created by stapedotomy (or stapedectomy) is supposed to happen by the creation of fibrous tissue, that might be irregular and present some

“loci minoris resistentiae”: this is the reason why a previous stapedoplasty is habitually considered as a risk factor for perilymphatic fistula. This unavoidably leads to some life-time limitations, connected with the necessity of protecting the operated ear from the effect of an excessive endogenous or exogenous pressure. All the related cautions may be compatible, in the majority of cases, with a normal life: however, even if the study results are overall encouraging, some additional caution is to be adopted when professionally flying (Thiringer 1998, Ballivet de Régloix S 2015) and when diving (Hüttenbrink K-B 2007).

In conclusion, due to the the intrinsic characteristics of stapes surgery, that in most cases is substantially optional, it is particularly important to devote time to an accurate counselling that, conversely, in some cases is lacking: this can lead to a really informed consensus based on realistic expectations, that is the best prerequisite for a satisfying result both for the patient and for the surgeon. This particular surgery is an excellent example of the necessity that the surgical abilities must be supported by a solid theoretical preparation: the latter is unfortunately not always sufficiently considered

References

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