

**TOTAL EAR CANAL ABLATION:  
Dramatic in procedure and result!**



**Synopsis**

Probably THE most rewarding surgical intervention in my armamentarium! The Total Ear Canal Ablation (TECA) involves the surgical removal of the external ear canal (vertical and horizontal) as well as the external acoustic meatus (doorway into bulla), and the removal of bulla debris and epithelial lining. It is used to treat intractable otitis externa and ear canal tumors. If the pinna is involved in the canal disease, it can be removed at the same time with cosmetic result acceptable to most owners. In upright eared pets, an abbreviated/cosmetic TECA can be employed if the uppermost vertical canal is not involved in the disease to be removed.

**Surgical Overview:**

An incision is made around the external margins of the external canal; dissection is carried down to the level of the external acoustic meatus, and the canal resected. The meatus is debrided to fully approach the bulla (*lateral bulla osteotomy*); the debris and lining of the bulla are removed, lavaged and a clean bulla often cultured. The SQ space is closed, most commonly without external drains, and the skin close completely at the base of the pinna. *No external communication* to the middle/inner ear remains.

The **indications & rationale** for surgical treatment are:

- Otitis externa intractable and compromising quality of pet & owner life and relationship
- Neoplasia located deep enough in the external canal to preclude local removal
- Otitis media with associated chronic otitis
- Irreversible/poorly reversible canal pathology (calcification, epithelial hyperplasia, canal obliteration)
- *One-time treatment option* for a presumed chronic disease future
- *Widest treatment margin* for aggressive neoplasia of canal

**Other options** for treatment (besides surgery) are:

- Dependent upon disease
- Local canal debridement
- Local canal resection if tumor is exterior enough in the canal and middle ear disease is absent

**Supportive/ancillary** options with surgical treatment are:

- Head wrap for postop comfort (see DVM Links for sourcing <https://directvetsurg.com/veterinarians/vet-links/> )

The **perioperative experience** for pet and owner includes:

- Significant pain potential postoperatively; plan go-home treatments and prepare owner accordingly
- Drains may be placed and will need monitoring and management by owner (up to 5 days)
- Head shaking and wound drainage are common for up to a week postop
- Oral antibiotics for up to 6wks postop

**Expectations** for outcome are:

- 2-3wks to develop comfortable, healing surgical site

**Complications** that may arise with this procedure are:

- Facial palsy—seen as lack of blink reflex and mild facial/lip droop; a result of mild-severe facial nerve trauma from disease or surgery; ~10-20% permanent status; needs topical eye lubrication daily
- Vestibular dysfunction/Horner’s syndrome (common in cats)—less common in patients with chronic middle ear disease at time of surgery; usually transient; may persist with cosmetic head tilt or 3<sup>rd</sup> eyelid elevation
- Chronic fistulation—develops 2mo to years postop in <5% of patients; usually presents with “abscess” signs; spontaneous or induced drainage will coalesce to chronic tiny draining tract; rare to require revision/exploratory
- Avascular necrosis of skin/pinna—rare but reported complication resulting in loss of majority of pinna
- Respiratory compromise—higher risk in bilateral surgery and when bandages applied too early in recovery; close supervision essential until airway well controlled by patient

Postoperative **outcomes may be poor** due to the above complications, and/or:

- Persistent skin allergy of pinna

What a **surgeon needs** prior to surgery:

- Abstinence from oral and topical steroids (minimum 4wks ideal)
- Affected ear(s) “marked” by owner for confirmation (wax “costume makeup” works well)
- Culture collection supplies (“culturette”) and lavage assistance during surgery

*General considerations and complications for all surgery/anesthesia procedures are:*

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **the Total Ear Canal Ablation**.

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(See additional materials at [www.directvetsurg.com](http://www.directvetsurg.com) for veterinary professionals and pet owners.)