ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY.

November 1, 1929.

(*Continued from p.* 130.)

President—W. M. MOLLISON, M.CH.

A New Operation for Closure of a Post-Operative Mastoid Fistula.—DONALD WATSON, F.R.C.S.

This is a method of closing a post-operative post-auricular fistula. The diagrams, Figs. 2, 3 and 4, are left-sided.

The first illustration shows a fistula and a wide curved skin incision about 1½ in. behind its edge and extending above and below away from the auricle, ensuring a good blood supply to the flap. This incision is made through the periosteum down to the bone.

The elevation of this flap is simple until dura mater is encountered. Here a cleavage is made in the fibrous tissue between the skin and subjacent bone or dura mater as the case may be. In these cases there is usually a good deal of dura exposed, and practically always the lateral sinus. The cleavage is made with the blunt edge of a dissector. I use an ordinary tonsil dissector after the manner of opening an envelope with a round lead pencil, occasionally a touch with a scalpel if the tissue is particularly tough. The fistula is isolated above, behind, and below in this manner, as shown in Fig. 2. It is now adherent to the posterior wall of the cartilaginous meatus anteriorly.

The next step is the cutting free of the fistula at its apex. The cut apex is grasped with forceps and dissected from the posterior meatal wall as high as is necessary. It now hangs free as a cone as shown in Fig. 3.

A Körner flap is cut in the posterior meatal wall and stitched to the anterior wall or lip of the fistula by a mattress suture. The dissected fistula is now turned inside out, as shown in the small diagram in Fig. 3. By this manœuvre, the raw surfaces of the fistula are brought together, easily approximated and give plenty of tissue to stitch and repair what was previously the fistula.

The mastoid cavity is then inspected and whether a radical or modified radical operation is done will depend on the circumstances of the case.

https://doi.org/10.1017/S0022215100034630 Published online by Cambridge University Press

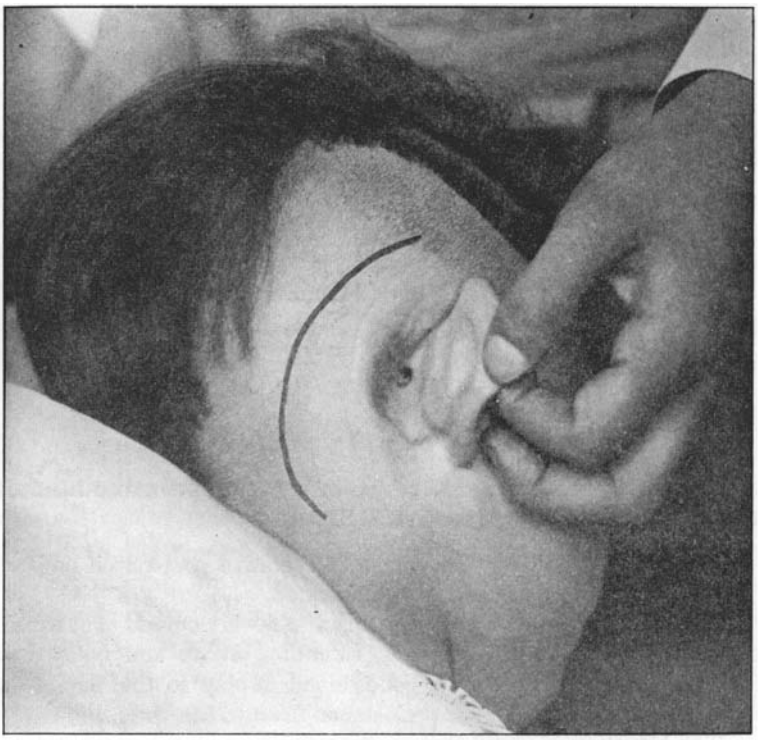


FIG. 1.

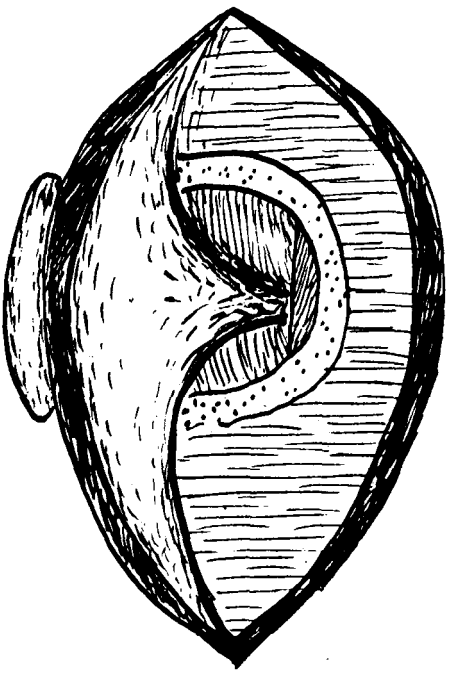


FIG. 2.

A new operation for closure of a post-operative mastoid fistula. The diagram (Figs. 2, 3 and 4) are left-sided. (Mr Donald Watson's Demonstration.)

https://doi.org/10.1017/S0022215100034630 Published online by Cambridge University Press

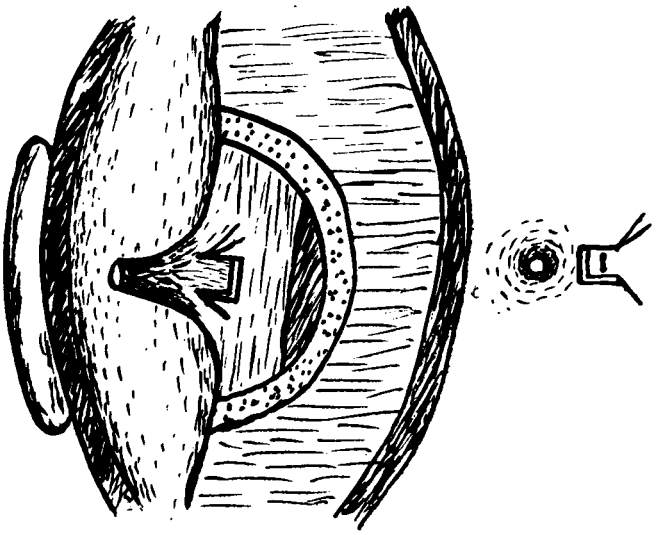


FIG. 3.

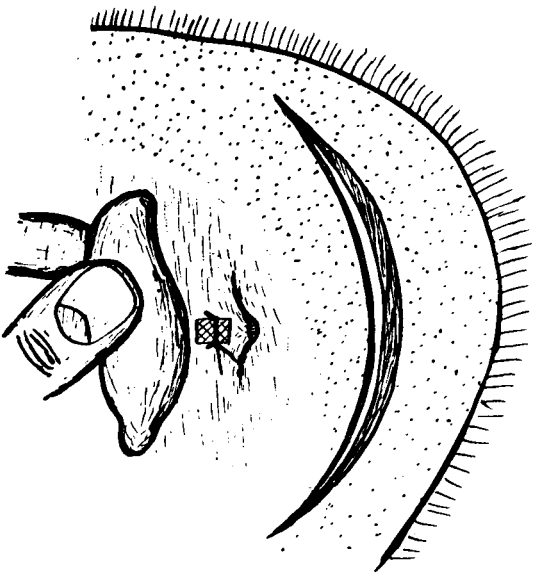


FIG. 4.

https://doi.org/10.1017/S0022215100034630 Published online by Cambridge University Press

The cavity is packed with iodoform gauze wrung out in 1-1500 acriflavine and the original incision is stitched up without any strain on the stitches in the area of repair.

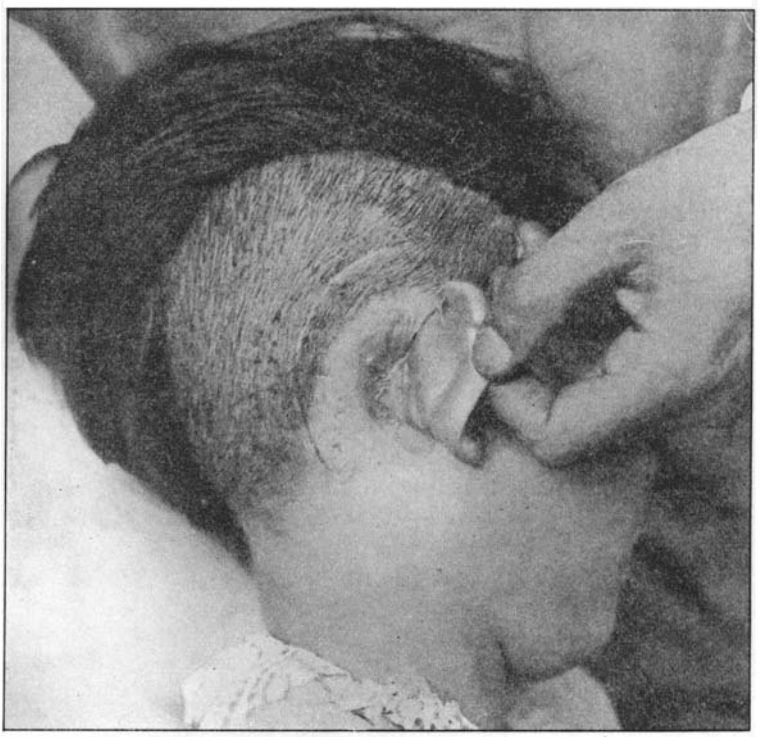


FIG. 5.

Fig. 4 shows the flap returned to position. The everted sinus appears as a cone and in front of it is a small pad of gauze to take the strain of the mattress suture of the Körner flap.

Fig. 5 shows the same case as Fig. 1, eleven days after operation.

https://doi.org/10.1017/S0022215100034630 Published online by Cambridge University Press