ANWAR E.N.T
The Right Choice For Your Health

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Meniere's Disease

What is Menière's disease?

This is a disease affecting the inner ear which results in three problems:

- intermittant attacks of vertigo
- fluctuating hearing loss
- fluctuating tinnitus

It is a very over-diagnosed condition, but no-one can be diagnosed with Menière's Disease without all three of these symptoms. It can affect one or both ears.

It is thought to be due to an increase of pressure within one of the fluid compartments within the inner ear. When the pressure gets too high, there is a distortion of the hearing, an increase of loudness of tinnitus, and a feeling of fullness in the ear.

These symptoms often precede a severe attack of vertigo and vomiting which can last for several hours (but rarely more than 12 hours). After the attack, the hearing comes back to normal. Over the course of many years, the attacks of vertigo tend to disappear, but the hearing gradually deteriorates.

Why have an operation?

If all other treatments have failed, and life is miserable because of the dizzy episodes, an operation on the ear might be suggested.

What does the operation involve?

Multiple types of operation have been tried for Menière's disease over the years, and so only a brief description of them can be given here. Almost all are done under general anaesthetic.

Insertion of a grommet to relieve pressure in the earEndolymphatic sac surgery

The idea behind this operation is that if the symptoms of Menière's disease are due to an increased pressure in the endolymph of the inner ear, then by 'decompressing' the endolymphatic sac (the reservoir of endolymph fluid), and giving the sac room to expand in the mastoid bone, this should relieve the pressure of the endolymph in the inner ear and thus relieve the symptoms. There is a great debate over the effectiveness of this operation, but it has few risks.

Sectioning of the vestibular nerve

If the nerve carrying all the signals from the balance organ (the vestibular nerve) is cut, no signals can get through to the brain from the labyrinth,and so the attacks of vertigo will stop. There is a significant risk of damage to the hearing nerve when the vestibular nerve is cut, and so there is a risk of deafness in the operated ear.

Labyrinthectomy

If the labyrinth (the balance organ) is completely destroyed, either by injecting a drug into it which destroys it, or by physically destroying the delicate membrane within it, there will be no signals from the ear to the brain and so no vertigo. However, by destroying the labyrinth, the cochlea is also destroyed and so all hearing will be lost in that ear (even though tinnitus may continue). This operation is only ever undertaken if there is little hearing left in the affected ear, or if the vertiginous attacks are so uncontrollable the patient is unconcerned about the quality of their hearing.

When can I wash my hair/swim/fly?

Because of the variety of the operation, advice on these last questions should be from your surgeon.