

# THE STATE OF TINNITUS AFTER INNER EAR SURGERY

Silverstein H, Haberkamp T, Smouha E.  
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A retrospective study of several procedures -for either treatment of vertigo or resection of acoustic neuromas-was performed to determine their effect on tinnitus. Subjective ratings of the state of tinnitus (resolution, improvement, maintenance, or deterioration) were obtained by questionnaire. Surgical procedures performed for correction of vertigo frequently alter tinnitus. In general, procedures that conserve hearing-namely, retrolabyrinthine vestibular neurectomy (RVN), middle fossa vestibular neurectomy (MFVN), and endolymphatic shunt procedures (ELS)-have a 50% to 65% chance of helping relieve tinnitus and up to a 22% chance of worsening tinnitus. When there is no serviceable hearing, cochleovestibular neurectomy (CVN) offers the best cure rate for tinnitus (76%) and the least chance of worsening tinnitus (3%). When hearing is minimal and the patient complains of tinnitus, a CVN-rather than a labyrinthectomy-should be recommended. However when useful hearing is present, a CVN is not usually recommended for relief of tinnitus, since the actual cure rates are only 35%. When vertigo is not a complaint, there is currently no surgical procedure known that can be recommended for the treatment of tinnitus.