



Myringoplasty Patient Information Sheet

This is the name of the operation to repair a hole (perforation) in the eardrum. It is normally done to improve hearing, prevent recurrent infections, to allow the ear to get wet, or a combination of these.

The operation is either performed down the ear canal, with a small cut just above the ear, inside the hairline to take some graft, or through an incision behind the ear. In the UK it is done under general anaesthetic but I have done several hundred under local anaesthetic when working in Nepal so this is an option.

The Procedure

Under the microscope the edges of the perforation are freshened up to make them raw. The eardrum is then lifted up. The graft material used is normally either the thin membrane lining the muscle above the ear (temporalis fascia) or perichondrium, the thin material which covers cartilage. Occasionally cartilage itself is used, this is taken from the ear cartilage and the missing bit is not noticeable. The graft is slid underneath the perforation, like a carpet underlay being put under a carpet. The graft acts as a scaffolding for the skin lining the ear drum remnant to grow over, hence completing the healing process. This normally occurs within a few weeks. A protective antiseptic gauze wick is placed in the ear at the end of the operation to protect the graft whilst the healing starts. If a cut has been made behind the ear a bandage is placed on the head and remains overnight.

The chance of healing the perforation is normally between 80-90%.

What are the risks?

Numbness:

If it is necessary to perform the surgery through a cut behind the ear there is occasionally numbness or altered sensation of the top of the ear. This normally improves over the course of several months.

Taste:

There is a small nerve which runs just under the eardrum which supplies taste to the front third of the tongue on the same side and occasionally this needs to be stretched or is cut. If this happens some people notice nothing unusual, others have a slight metallic taste at the front of the tongue and others are aware of decreased sensation

and taste. This normally improves over time, especially if the nerve has just been stretched.

Deafness:

Normally if there is a hearing impairment before the surgery it will improve but very rarely it will get worse and it has even been reported to have gone altogether in the operated ear after the surgery. The chance of total loss is probably less than 1 in 1,000.

Tinnitus:

If tinnitus is present before the surgery it often is improved by the surgery, rarely it can become worse. Rarely tinnitus occurs for the first time after surgery.

Dizziness:

Very rarely dizziness can occur after surgery. If it does it is normally for 2 or 3 days only.

Infection:

As with all operations there is a chance of infection occurring after surgery which may affect the graft take rate.

After the surgery

Good news...it is not normally very painful surgery and most people aren't taking much more than paracetamol a couple of days later.

Most patients go home the same or next day. You may have a head bandage on and this will be removed before you leave the ward.

There is a bit of cotton wool at the opening to your ear canal covering the yellow antiseptic dressing. It will normally need to be changed by you once or twice a day for the first few days because of ooze from the ear canal. Once it has settled a daily change is sufficient. The yellow antiseptic wick will often stick to the cotton wool so be careful when changing it. If a bit of wick does start to come out push it back in with your finger. The stitches are normally dissolving and do not need to be removed. The antiseptic packing is removed from the ear canal 2-3 weeks following surgery in the outpatient clinic. Once the wick is out do not keep cotton wool in the ear. Let the fresh air get to it.

The ear should be kept dry until your doctor tells you. Washing hair after the surgery should be done keeping the wound dry. A yoghurt carton (empty!) can be put over the ear when washing the hair and it is easier if there is someone to help you. Normally you should not get water down the ear canal for about 6-8 weeks. It depends how quickly the ear heals and your surgeon will advise you at your post op visits.

Activities

Work:

If you work in an office you should take between seven and ten days off, (the aim is to avoid picking up a cold which could go to your ears and compromise the surgery. If you are able to work from home you can normally start within 3 or 4 days. If you are a manual worker and do heavy lifting you should be off work for 2 to 3 weeks depending upon the exact nature of your work. Your surgeon can advise you.

School:

Normally 1 week off school will suffice but off games for at about 3 weeks, depending upon which game.

Driving:

You are normally able to drive after about 3-4 days. You should make sure that you are not dizzy and that you can turn your head rapidly should you need to. You need to have passed your test!

Exercise:

Normal daily living for two weeks after the operation. After this you can do gentle exercise e.g. golf, bicycle. No heavy straining. By four weeks post op you should be able to do strenuous exercise.

Swimming:

See above about keeping the ear dry i.e. normally 6-8 weeks.

Flying:

You should not fly for a minimum of 6 weeks but it may need to be a little longer. Again, your surgeon will advise you having inspected your ear.

What to do if you have any worries or concerns after the surgery

If it is within 48 hours or out of hours, phone the ward where you were admitted for surgery. During office hours phone our secretaries on 0118 9213160.

I have read this leaflet and had the chance to ask any questions to my surgeon.

Name:

Signed:

Date:

Surgeon:

Signed

Date: