Myringoplasty/
Tympanoplasty

What is a myringoplasty and why do I need this operation?
Myringoplasty is performed to repair a perforation (hole) of the eardrum. The operation is usually performed because the ear has been discharging and/or has been painful. Sometimes the operation is recommended for patients in order that they may go swimming without the risk of infection. The operation is not performed primarily to improve hearing.

What are the benefits of having a myringoplasty?
The benefits of having a myringoplasty are that the hole in your ear drum will be repaired which should cure/reduce the amount of discharge and pain you may be experiencing from your ear. There may be an improvement in the hearing although this cannot be guaranteed.

What are the risks and consequences associated with this operation?
Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:

- Bleeding may occur from within the ear. This may cause pain and/or a bloody odorous discharge from the ear pack. However, we do expect an amount of bleeding and discharge following the operation. Please telephone the ward if you are at all concerned.

- Reaction to the ear dressings. Occasionally the ear may develop an allergic reaction to the dressing in your ear canal, and the outer ear (pinna) may become red and swollen. You will need to be seen by an ENT doctor as the dressing may need to be removed. The allergic reaction should then settle down.

- Infection of the wound site (where the stitches are) may occur. The wound site may be in front of or behind your ear. This may cause pain, inflammation and tightness of the area. Occasionally, a discharge and/or bleeding may occur from the wound site.

- In rare cases the hearing in the operated ear may deteriorate.

- The facial nerve may be damaged either during surgery or after surgery, which may result in a facial weakness. This may be a temporary situation however there is a risk that the facial weakness could be permanent.

- Taste disturbance. The taste nerve runs close to the eardrum and may occasionally be damaged, this can cause an abnormal taste on one side of the tongue. This is usually temporary but occasionally can be permanent.

- Occasionally patients experience dizziness after the operation; this tends to subside in the majority of patients within a short period of time.

- Tinnitus. Sometimes a patient may notice a noise in the ear, in particular if the hearing loss worsens.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.
Alternatives
Your consultant has recommended this procedure as being the best option. However the alternatives to this procedure are conservative management. If you would like more information about this, please speak to your consultant or one of the nurses caring for you.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that your ear will continue to discharge and you could continue to have pain. If you would like more information please speak to your consultant.

Getting ready for the operation
If you develop an ear infection whilst waiting for the operation please contact Ear Nose and Throat Outpatients so that arrangements can be made for you to see a doctor.

You will be called to a pre-admission clinic to see the specialist nurse who will carry out investigations such as blood tests etc, and explain the operation to you. She will also ask you about your general health, medication and any allergies you may have. It would be helpful if you bring your medicines with you, the nurse will need to know their name and strength. This includes non-prescription medicines and any herbal and complimentary medicines.

A pre-operative hearing test will be organised for our records.

Please feel free to ask questions and raise any concerns you may have regarding your operation.

If you have been prescribed eardrops please continue using these whilst waiting for the operation, unless otherwise advised by the doctor.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

On admission
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

You will have the opportunity to discuss your operation with staff. It is important that you understand what you have come into hospital for as you will be asked to sign a consent form to this effect.

Although not routine, the hair around the ear to be operated on may be shaved by up to 2.5cm/1 inch, depending on your doctor’s preference.

You will be given the opportunity to walk to theatre or alternatively you could be taken to theatre on a chair. A small needle or cannula will be inserted into the back of your hand.

Your operation is performed either from in front of or behind your ear, which means there will be a scar but it will not be too obvious.

What sort of anaesthetic will I have?
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.
What should I expect after the operation?
When you return to the ward you may be sleepy. Your blood pressure and pulse will be monitored at regular intervals until you are fully recovered. It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again. A drink of water will be offered 1 - 2 hours after your return to the ward.

You will have a yellow iodine pack in your ear which makes your hearing sound muffled. The ear pack will remain in your ear for 1 - 3 weeks and will be removed by the surgeon at an outpatient appointment.

You will find it more comfortable to lie on your back or unaffected side.

Going home
Your operation may be performed as a day case or you may stay in overnight depending on your general health, the preference of the surgeon and the time of day your operation is performed. Staff will be able to answer any questions you may have before your discharge.

DISCHARGE INFORMATION AND AT HOME ADVICE
Your ear may feel uncomfortable after surgery, which may last for 3 weeks, or generally until the ear pack is removed. There may be a bloody discharge from your ear, which will cause bleeding onto the ear pack. This is normal so please do not worry.

Change the cotton wool covering the ear pack as it becomes soiled or at least daily. This must be done extremely carefully so that the ear pack is not disturbed. You may need to use a mirror to do this.

Keep your ear dry. We recommend that you place some cotton wool smeared in Vaseline just inside your ear before washing your hair/showering. If you experience severe pain and/or redness of the ear and stitch line, please contact the clinic or ward who will be able to offer advice.

The stitches used are usually those which dissolve and so do not require removal. If stitches requiring removal have been used, additional information will be given to you in order for them to be removed at your GP’s surgery 5 days after your procedure.

Try to sneeze through an open mouth whilst you have your ear pack in as this will be less painful for you.

If you experience any pain take what you normally would do for a headache. Do not exceed the normal dose.

If you smoke we strongly advise you not to do so as this irritates the lining of the middle ear/mastoid cavity and may delay the healing process.

Following the operation we advise you to avoid changes in atmospheric pressure so we recommend no flying until advised by the surgeon. Therefore, if you book a holiday that involves flying please inform the consultant’s secretary as soon as possible so they can arrange your operation accordingly.

Returning to normal activities
We advise you to take a minimum of 7 days off work; however this depends on your employment. Please seek advice from the ward staff.
Further appointments
An appointment will be made for you for approximately 3 weeks and if you are not given a date before you leave hospital, one will be posted to you.

Important information for day case patients
The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. You are under the influence of drugs during this time and therefore there are certain things that you should and should not do.

You should:
- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact your GP if you have not passed urine 12 hours after your operation.
- Have a lie in the next day. It could take 2 - 3 days before the weariness wears off and you could suffer lapses in concentration for up to a week.

For at least 24 hours after your operation you must not:
- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer as this can cause blurred vision.

Useful contacts
For further information visit: www.entuk.org

We hope your recovery is speedy and uneventful.

If you have any queries, or require further information please telephone the ENT Clinic on 01332 787472, Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends, please contact Ward 307 on 01332 788307 or 01332 787307

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