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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Myringoplasty / Tympanoplasty

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have a Myringoplasty / Tympanoplasty.

This operation will be performed as a day case under general. Day Case Surgery requires you to have an escort home, access to a telephone and someone with you overnight.

What is a hole in the eardrum?

A hole in the eardrum is known as a “perforation”. It can be caused by infection or injury to the eardrum. Quite often a hole in the eardrum may heal itself. Sometimes it does not cause any problem. However, a hole in the eardrum may cause a discharge from the ear. If the hole in the eardrum is large, then the hearing may be reduced.

What are Myringoplasty / Tympanoplasty?

It is an operation to close the hole/perforation in your eardrum, and reduce the amount of ear infections you are having.

What are the benefits of having a Myringoplasty / Tympanoplasty?

Repairing the perforation in your eardrum should reduce any recurrent infections / discharge from your ear.

You will be able to swim and bath / shower without having to plug your ears.

How is the operation done? (*)

Most myringoplasties in the UK are done under general anaesthetic, although some surgeons prefer to do it under local anaesthetic. A cut is made behind the ear or above the ear opening. The material used to patch the eardrum is taken from under the skin. Some surgeons used commercially available eardrum grafts. This eardrum “graft” is placed against the eardrum.

Dressings are placed in the ear canal. You may have an external dressing and a head bandage for a few hours. For a small perforation, your surgeon may even be able to plug it without making any cut in the ear.

Occasionally, your surgeon may need to widen the ear canal with a drill to get to the perforation.

How successful is the operation? (*)

The operation can successfully close a small hole nine times out of ten. The success rate is not quite so good if the hole is large.

What are the risks of having a Myringoplasty / Tympanoplasty?

- **Facial nerve injury** - there is less than 1% chance of this happening, but the surgeon will take every precaution to prevent this happening.
- **Infection** - Either to the stitch line or through the packing in the ear canal, this may result in increased scarring to the wound site.
- **Hearing loss/Dead ear** - There is a small risk that your hearing may be worse or lost completely after the operation however, every precaution will be taken to prevent this happening. Repairing the eardrum alone seldom leads to great improvement of hearing. (*)
- **Graft Failure** - This results in a persisting hole in the drum which may lead to persisting discharge/infection
- **Reaction** - The packing in your ear contains iodine, which some people are sensitive to. Any reaction should be identified before discharge from hospital and will subside on removal of the pack by the doctor.
- **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 it can be permanent. (*)
- **Dizziness** - Dizziness is common for a few hours following surgery. On rare occasions, dizziness can last for months or even years if the inner ear is damaged during surgery. (*) This should settle down and medication will be prescribed to reduce the severity.
- **Tinnitus** - this may not resolve.
- **Scar** - The surgeon will make a small cut to the side of your ear to access the eardrum. This may be red initially but will settle over time.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

Are there any alternatives available?

There are no alternatives.

What will happen if I decide not to have treatment?

The perforation remains and there is a risk of continuous discharge/infection requiring antibiotic drops.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests and sometimes a heart trace if required. You will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your general health, the medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear any makeup.
- Please leave body piercings at home. False nails and nail varnish will also need to be removed.

- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly.
- You may experience a headache while you have your packs in. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water.
- Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor/nurse practitioner will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your ear

- For two or three days after going home you may experience some blood-stained discharge through the pack in your ear, this is normal. You should renew the cotton wool frequently. Should any bleeding continue after this contact numbers documented below.
- Please keep the wound dry especially after washing; this helps to prevent infection.
- Put cotton wool smeared with Vaseline into the ear canal when bathing/ showering.
- If you wear glasses, be careful the arm does not irritate the wound as this can cause infection.
- **Do not** take the packing out of your ear, but if it becomes loose or hangs out, trim it with scissors.
- You will be asked to attend you doctors' surgery/ health centre for the community nurse to remove the stitches from your ear **one week** after your operation.
- If you have any problems with your wound before this contact your GP.
- When you sneeze, you should keep your mouth open to reduce the pressure in your ear, which may dislodge the graft.
- Do not blow your nose fiercely as this may result in dislodgement of the graft also.

Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you will need some support during this time.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will have to see your GP.

Further Appointments

Your follow up appointment will be sent to you for three weeks after your operation.

You must attend this appointment, as you will need to have the pack removed from inside your ear and be examined by the Doctor.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any queries or concerns, please contact the ward where you had your surgery or the Nurse Practitioners.

ENT Nurse Practitioners

Helene Bryant / Sue Bragan / Christine Burton

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