

Myringoplasty

This information sheet is designed to help you make an informed decision about having a myringoplasty operation. If you have any further questions, please discuss these with our staff before your operation.

What is a myringoplasty?

A myringoplasty is an operation to patch a hole in the eardrum. It is usually done under general anaesthetic (while you are asleep). Depending on the size and position of the hole in your eardrum, the operation may be done through your ear canal, or sometimes through an incision (surgical cut) behind your ear. A small graft or patch is taken from underneath the skin behind your ear, or from the gristle at the front of your ear canal. This graft covers the hole in the eardrum. You will have a small scar where the graft is taken from. Often this is hidden by hair.

Are there alternatives?

The alternative is to leave the hole in the eardrum and wait to see if it will heal by itself. Usually you will have already tried this before deciding to proceed with surgery. Some people are not troubled by having a hole in their eardrum, so they decide not to have it fixed at all.

What improvements can I expect from a myringoplasty?

This varies a lot from person to person and depends on what symptoms you have to start with. Possible benefits include:

- you may get a mild improvement in your hearing.
- you are less likely to get middle ear infections when you get your ears wet
- less ear discharge

What are the risks?

Overall, myringoplasty surgery is safe in most people. Your risks depend on why you are having the operation and also on any other medical problems you may have. Some of these risks are very rare, but serious. Some are more common but less troublesome.

Firstly, you will have a general anaesthetic (you will be asleep for the operation). You will have a chance to discuss this with the anaesthetist before your surgery.

This is a brief outline of the risks that would be most likely to influence your decision about having surgery.

Often:

- Numbness behind ear. Usually this is temporary and occurs if a skin incision is made here.

Occasional:

- Wound Infection
- Bleeding
- Failure to close the hole in the eardrum: most surgeons agree that there is about a 85-95 % chance of the operation being successful (i.e. that the graft completely seals the hole in the eardrum). Like grafting trees or laying turf, there is a small chance that the graft won't "take" on the eardrum.

Rare risks:

- Hearing damage
- Dizziness (vertigo)
- Tinnitus (ringing in the ear)
- Altered taste: a small nerve near the eardrum can sometimes be damaged. This may cause a metallic taste in the mouth.
- Facial Weakness / Paralysis: extremely rarely, the facial nerve may be damaged where it passes through the ear. This may result in a temporary or permanent paralysis of one side of the face.

Preparation for surgery:

A few weeks before the operation, you will be contacted by the hospital with a date and time for the operation. You will be sent information about when to stop eating and what to bring to hospital.

You may be asked to attend a pre-admission clinic before your operation so that your doctor can decide if you need any other preparation for the operation.

You will have a chance to further discuss the risks, and then will be asked to sign a consent form. If you smoke, you should aim to stop at least 24 hours before your operation.

If you decide you don't want the operation, you should contact us and your GP.

The day of the operation:

Prepare for a long day. Your operation may not occur as soon as you arrive, as there is lots of preparation that we need to do. You will have some forms to read and fill out, you will be checked by the nurse, and you will see the anaesthetist before your operation.

Unfortunately, due to other emergencies or unforeseen circumstances, operations are sometimes delayed or occasionally cancelled and rescheduled at late notice. Obviously this only occurs if absolutely unavoidable.

After the Operation:

Usually we are happy for you to go home the same day as your operation, but be prepared to stay one night in hospital. You should not drive after your operation, so you will need to arrange someone to collect you from hospital. You will require at least 2 days off work, although most people take 1 week off work to recover.

You may have a head bandage (which will be removed before you go home), stitches behind your ear (which will be removed 7 days after surgery by your practice nurse) and some packs in your ear (which will be removed when you come back to Outpatients). Before you go home we will make an appointment to see you again in the outpatient clinic. You should not swim or fly before you are seen in Outpatients after your operation.

More information: phone 01225 824556