

MYRINGOPLASTY

This information sheet is designed to help you make an informed decision about having an operation to repair your eardrum. 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 close a hole in the ear drum (tympanic membrane perforation). There are different ways of doing this and will depend on the size and location of the hole in the ear drum. In general, the aim of the surgery is to lift up the eardrum, place a patch (graft) underneath the hole in the ear drum and replace the ear drum in position. The surgeon will use either a microscope or a small camera called an endoscope. Sometimes the operation can be done down the ear canal or sometimes an incision is required behind the ear to access the ear drum. The graft used to close the hole is often taken from underneath the skin behind your ear or from the tragus; the small projection of cartilage in front of your ear.

DO I NEED THE OPERATION?

Often a hole in the eardrum will close by itself without any treatment; this can take several months. Usually patients will have tried this before considering surgery. If you are not troubled by a hole in the ear drum then you can decide to leave it alone.

The main benefit of having the hole closed is you can get your ears wet and have a reduced risk of developing ear infections and a discharging ear. You may also notice a mild improvement in your hearing.

There are a few activities you may not be able to do with a hole in the ear drum such as scuba diving. A hole in the ear drum may also stop or delay you from joining the military services.



HOW IS A MYRINGOPLASTY DONE?

In the majority of cases the operation can be done as a day case and you will be able to go home later the same day. The operation is done under a general anaesthetic and takes approximately one hour but you will be in the operating department for around 2 hours.

WHAT SHOULD I EXPECT AFTER THE SURGERY?

When you wake up from surgery you may have a head bandage with a dressing over the operated ear. This is to help with the healing of any scar behind the ear. You will be able to remove this the following morning at home.

Your surgeon will also have used some temporary packing within the ear canal to help with healing. Your ear will feel blocked and hearing will be reduced in this ear but this should be temporary. At your first follow-up clinic, 2-3 weeks after your surgery, the packing will be removed. You will need to use ear drops prescribed by your surgeon until the clinic.

A hearing test will be arranged for you but often not until the second follow-up appointment a few months following surgery. This allows for the ear to heal fully.

WHAT ARE THE RISKS?

All operations carry risks and it is important to be aware of these before proceeding with surgery.

There is small risk of infection and you will be given antibiotic ear drops to reduce the risk. It will be important to keep the ear dry during the healing process. Please see leaflet on how to use ear drops.

You may have some discomfort following the surgery and pain killers such as paracetamol can be taken to help with the pain. It is normal to have some blood stained discharge from the ear.

Depending on the method the surgeon uses to complete the operation you may have a scar which may have some associated skin numbness

There are some risks which are specific to ear surgery:

Graft failure: In 10-20% of cases there is failure of the graft to heal and close the hole. This may require further surgery.

Hearing damage: The operation involves the ear and you can expect a temporary hearing loss due to the healing process, packing and dressing. There is however a

small risk of permanent hearing loss. This affects less than one in a hundred patients

Dizziness (vertigo): The ear is part of the balance system. Some patients can feel dizzy following a myringoplasty. This is temporary and will settle on its own.

Tinnitus (ringing in the ear): Following surgery some patients can notice noises such as ringing in the ear. This is often temporary but there is a small risk that it could be permanent.

Altered taste: One of the nerves that supplies taste to your tongue runs through your ear. There is small risk of your taste being altered and this is often temporary.

Facial paralysis: The nerve that supplies the muscle of facial expression passes through the ears. Extremely rarely, the facial nerve may be damaged which may result in a temporary or permanent weakness of one side of the face.

WHEN CAN I GO BACK TO WORK?

Most patients will require 2 days off work but some may need a week. You will be able to discuss this with your surgeon.

CAN I GET MY EAR WET?

After the surgery it is important to keep your ear dry to help with the healing process. Avoid swimming and putting your head under water when having baths. When showering we advise using cotton wool with Vaseline® in the ear to stop excess water from getting in the ear. You will need to do this until the ear has fully healed which can take up to a few months.

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656.