

Patient Information

Myringoplasty

What is a myringoplasty?

This aim of this operation is to close a hole or 'perforation' in the ear-drum. A perforation predisposes you to recurrent middle ear infections, can impair your hearing and means you need to keep your ear dry at all times. There are a number of ways to close a hole in the ear-drum. The size and location of the hole and the anatomy of your ear canal will determine which approach is needed in your situation. Occasionally this decision is made after you have been anaesthetised. If this is planned your surgeon will have discussed both variations of the procedure with you.

What is the operation like?

You will be admitted on the day of your surgery and will usually stay overnight in hospital. Before the operation you will see a member of the surgical team and the anaesthetist. The operation is performed with you asleep under a general anaesthetic for approximately 1.5 - 2.5 hours.

Post Auricular approach:

A cut is made behind the ear to gain access to the ear drum and to harvest the tissue used to close the hole. When you wake up there will be a compression bandage wrapped around your head to protect the ear and put pressure on the wound.

Trans-Canal approach:

A small cut is made near the opening of your ear canal to harvest a small disc of cartilage which is used to repair the defect. A compression head dressing is not required, and depending on your recovery you may be discharged home on the day of your procedure.

What is the recovery like?

It is usual to have a mild amount of pain related to the cut in the skin – this can be treated with pain medication. Dissolvable foam packing is placed in your ear canal at the end of the procedure to protect and support the graft. You will be started on ear drops as directed by your surgeon – these help to dissolve the foam packing and also keep the ear canal clean. Try not to pull out these pieces of foam. Your ear will feel blocked for many weeks to a few months, and we will not be able to confirm if the hole has successfully been sealed until your surgeon looks in your ear and you have a hearing test a number of months after the procedure.

What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

General complications such as nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

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Specific problems:

- **Graft Failure** – Approximately 10% of operations will result in unsuccessful closure of the hole in the ear-drum.
- **Bleeding** – a small amount of ooze into the dressings is common, less often a haematoma can collect under the wound which may need to be drained with another procedure.
- **Infection** can occur both in the wound and in the middle ear; the latter will reduce the chances of the graft successfully healing over the hole in the ear-drum. If you feel you have an ear infection leading up to your procedure please tell your surgeon as soon as you are aware of this.
- **Altered Taste** – A small nerve traversing the ear-drum provides taste to the front of the tongue on one side. Changes (such as a metallic taste) are usually temporary, lasting weeks to a few months but can rarely be permanent.
- **Loss of hearing** – This is very rare, and can vary from minor to severe.

Discharge Instructions:

DO

- Keep well hydrated
- Keep your ear dry
- Take regular analgesia (paracetamol, oxynorm)
- Rest adequately & avoid excessive exertion
- If sneezing do so with your mouth open
- Attend your review appointment 2 weeks post operatively

DO NOT

- Remove the ear packing or stick items in your ears
- Try to 'pop' your ears

How to get help:

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.