

Myringoplasty (eardrum repair)

This leaflet is for patients having myringoplasty surgery. If there is anything you do not understand or if you have any concerns, please speak to your doctor.

What is a myringoplasty?

This is the name of the operation to repair a hole (perforation) in the eardrum. It is normally done to improve hearing, prevent recurrent infections, to allow the ear to get wet, or a combination of these.

The operation is either performed down the ear canal, with a small cut just above the ear, inside the hairline to take some graft, or through an incision behind the ear.

The chance of healing the perforation is normally between 80-90% (8-9 in every 10 people).

In the UK it is normally performed under general anaesthetic (you are asleep) but a local anaesthetic (you are awake but the area is numbed) is an option.

You will see your surgeon 1-2 weeks before the operation to make sure that the ear is not infected and to go through any questions that you may have. If the ear is infected the infection will be treated and the surgery postponed until the infection settles.

What happens during the operation?

Under the microscope the edges of the perforation are freshened up to make them raw. The eardrum is then lifted up. The graft material used is normally either the thin membrane lining the muscle above the ear (temporalis fascia) or perichondrium, the thin material which covers cartilage. Occasionally, cartilage itself is used, this is taken from the ear cartilage and the missing bit is not noticeable. The graft is slid underneath the perforation, like a carpet underlay being put under a carpet. The graft acts as a scaffolding for the skin lining the ear drum remnant to grow over, hence completing the healing process. This normally occurs within a few weeks. A protective antiseptic gauze wick is placed in the ear at the end of the operation to protect the graft whilst the healing starts. If a cut has been made behind the ear this is stitched up and a bandage is placed on the head and remains overnight.

What are the possible side effects?

1. If it is necessary to perform the surgery through a cut behind the ear there is occasionally numbness or altered sensation of the top of the ear. This normally improves over the course of several months.
2. There is a small nerve which runs just under the eardrum which supplies taste to the front third of the tongue on the same side and occasionally this needs to be stretched or is cut. If this happens some people notice nothing unusual, others have a slight metallic taste at the front of the tongue and others are aware of decreased sensation and taste. This normally improves over time, especially if the nerve has just been stretched.

3. Normally, if there is a hearing impairment before the surgery it will improve but very rarely it will get worse and it has even been reported to have gone altogether in the operated ear after the surgery. The chance of total loss is probably less than 1 in 1,000.
4. If tinnitus is present before the surgery it often is improved by the surgery. Rarely, it can become worse or can occur for the first time after surgery.
5. Very rarely, dizziness can occur after surgery. If it does it is normally for 2 or 3 days only.
6. As with all operations there is a chance of infection occurring after surgery which may affect the graft take rate.

Is there an alternative to surgery?

The alternatives to this procedure are conservative management, **i.e. ear drops if you get an infection**. If you would like more information about this, please speak to your consultant.

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 as it is.

What can I expect after surgery?

- It is not normally very painful surgery but if you have any discomfort please take your regular painkillers (such as paracetamol or ibuprofen), following dosage instructions.
- You will have a dressing in the ear, which will make the ear feel full and reduce hearing.
- Most patients go home the same or next day. If you have a head bandage on. This will normally be removed before you leave the ward.
- There will be bit of cotton wool at the opening to your ear canal covering the yellow antiseptic dressing. It will normally need to be changed by you once or twice a day for the first few days because of ooze from the ear canal. Once it has settled a daily change is sufficient. The yellow antiseptic wick will often stick to the cotton wool so be careful when changing it.
- Sometimes, part of the yellow wick dressing dangles from the ear canal. If this happens push it back in gently if possible, but if not possible, get someone to trim the length of gauze which is outside the ear, with a pair of scissors.
- The stitches are normally dissolving and do not need to be removed. The antiseptic packing is removed from the ear canal 2-3 weeks following surgery in the outpatient clinic. Once the wick is out **do not keep cotton wool in the ear**. Let the fresh air get to it.
- The ear should be kept dry until your surgeon tells you. Washing hair after the surgery should be done while keeping the wound dry. A yoghurt carton (empty!) can be put over the ear when washing the hair and it is easier if there is someone to help you. Normally, you should not get water down the ear canal for about 6-8 weeks. It depends how quickly the ear heals and your surgeon will advise you at your post op visits.

What to look out for...

If you have a heavy discharge from the ear canal, pain, dizziness, bleeding or fever, report this to your surgeon by phoning the CAT team during office hours or the ward out of hours.

Activities

- **Work:** If you work in an office you should take 7-10 days off (the aim is to avoid picking up a cold which could go to your ears and affect the surgery outcome). If you are able to work from home you can normally start within 3 or 4 days. If you are a manual worker and do heavy lifting you should be off work for 2 to 3 weeks depending upon the exact nature of your work. Your surgeon can advise you. You will be able to get a medical certificate for your employer from your nurse prior to leaving hospital but please let them know that you need this. Further certificates can be issued by your GP, if necessary.
- **School:** Normally one week off school will suffice but avoid strenuous games/sport for at least about four weeks. Your surgeon will advise you.
- **Driving:** You are normally able to resume driving after about 3-4 days. No driving until you are confident that you can turn your head very quickly with no unsteadiness.
- **Exercise:** Take it easy for two weeks. After this you can resume gentle exercise e.g. golf, cycling. No heavy straining. By four weeks post op you should be able to resume more strenuous exercise.
- **Swimming:** You should not get water down the ear canal for about 6-8 weeks so swimming should be avoided until after that time. Please check timescales with your surgeon at your post-op visit.
- **Flying:** You should not fly for a minimum of 6 weeks following surgery but it may need to be a little longer. Again, your surgeon will advise you having inspected your ear at your follow-up appointment.

Follow-up

You will normally have a follow-up appointment approximately 2-3 weeks following surgery. We will send you a letter in the post confirming the date of the appointment.

How to contact us

Dorrell Ward Tel: 0118 322 7172 or 0118 322 8101

Clinical Admin Team (CAT1) (Monday to Friday, 9am to 4pm) Tel: 0118 322 7139 or email rbbh.CAT1@nhs.net

ENT Outpatient Department (Townlands) reception: 01865 903274

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT ENT Department, June 2022.

Next review due: June 2024