



# Myringoplasty / Tympanoplasty (reconstruction of the ear drum)

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

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## 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 with ear drops.

## 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 while 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.

As your surgery is most likely to be as a day case, you will need to remove the bandage yourself the next day. Your surgeon will explain how to do this after your operation.

## What are the possible side effects?

1. There is a risk that the graft may fail. If this happens in the immediate post-op period or later on (called 're-perforation'). surgery can be repeated.
2. 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.
3. 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.
4. 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.
5. 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.
6. Very rarely, dizziness can occur after surgery. If it does it is normally for 2 or 3 days only.
7. As with all operations there is a chance of infection occurring after surgery which may affect the graft take rate.
8. Failure of successfully closing the perforation is between 10-15% (up to 3 in every 20 cases). This failure could be due to the graft not working or the ear drum perforating again a few months later. Revision surgery would be discussed by your surgeon if felt appropriate.
9. A machine used to monitor your facial nerve (the nerve that moves the muscles of your face) is always used during ear surgery. Unless your operation is complex, this nerve is not necessarily at risk, but you will notice pin prick marks by your eyebrow and corner of your mouth when you wake up.

## 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.

## Advice following surgery

- Make sure you wash your hands with soap and water before touching the ear or dressing.
- Try to sneeze with your mouth open, and don't blow your nose for the first two weeks after surgery to prevent build-up of pressure in the ear. Sniff, if you need to.
- You should keep the operation site dry until your surgeon tells you that you can get it wet... ask at your post-op appointment. When washing hair an empty clean yoghurt carton, or similar, can be put over the ear and it is easier if there is someone to help you. Being able to go swimming depends upon type of surgery and healing speed, so please ask your surgeon.
- **Wound care:**
  - You will have a wound behind your ear.

- Depending on your surgeon, your wound may have some adhesive dressings on it or there will have been a spray dressing applied that you will not be able to see.
- Once you have removed all the head bandage material, you will notice a yellow dressing at the entrance of your ear canal. This needs to remain in place and if any of it starts to come out, please cut this excess off rather than trying to put it back in.
- **Work/school:** Depending on your type of work (or level of schooling) the time recommended to stay at home will vary. Your doctor will clarify during the consent process. One of the main reasons is to try to prevent you picking up a cold when mixing with other people. If you feel up to it, and have the sort of job that allows, you may well be able to work from home (or do homework...sorry kids) within about 5 days. If you need a fit note for your employer, please ask your nurse before you leave hospital. Further fit notes can be issued by your GP, if necessary.
- **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.
- **Activity:**
  - For the first three weeks, gentle activity e.g. walking, housework only.
  - After 3 weeks, gentle exercise, bicycle at gym or walking on treadmill, golf.
  - After 4 weeks, normal gym activity.
  - No physical contact sports for 6 weeks.
  - 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.
  - **You should not fly for a minimum of 2 months but it may need to be a little longer.** Discuss with your surgeon.

## 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.

Contact the ward if you have any of the following:

- A temperature of more than 38.5 C.
- A severe headache not responding to over-the-counter painkillers.
- Severe vertigo (dizziness) or vomiting.
- If the whole of the yellow packing in the ear canal comes out before a week has passed after the surgery.
- Facial weakness.
- Any other concerns.

## 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](mailto:rbbh.CAT1@nhs.net)

ENT Outpatient Department (Townlands) reception: 01865 903274

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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

RBFT ENT Department, September 2024.

Next review due: September 2026