



A general anaesthetic requires your child to be starved beforehand. On the day of the operation
..... (date) your child should not
have anything to eat (including chewing gum), or milk to
drink from (time).

They may have only water or weak squash up to
..... (time). If breastfeeding, the last breast feed can
be given at (time).

If you do not follow these instructions your child's
procedure may be delayed or even cancelled.

Myringoplasty (repair of eardrum)

Information for parents

This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

What is a myringoplasty and why is it necessary?

A myringoplasty is an operation to repair a hole in the eardrum. Surgery may be performed to prevent infection or remove the need for water precautions or a combination of these.

Are there any alternatives?

Using a hearing aid may improve your child's hearing but will have no effect on infection risk. Only water precautions or an operation will remove the risk of infection.

How is the operation done?

A myringoplasty is carried out under a general anaesthetic (your child is asleep) and involves the surgeon repairing the perforation with either a graft or a plug. If your child requires a graft this will be an overnight stay.

Repairing with a plug will be a day case so your child will go home the same day.

What are the risks?

In approximately 20% of cases (1 in 5), the graft does not take and the hole remains. Very rarely, the hearing can get worse instead of better. Other risks include numbness of the ears and, very rarely, damage to the facial nerve which operates the muscles of the face.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any questions that you may have. An anaesthetist will also visit you to explain the anaesthetic.

If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less uncomfortable. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens afterwards?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery. Medicine can be given to relieve this if the vomiting persists. Your child may have a head bandage in place when he/she returns from surgery. This will normally be removed before your child leaves the ward. A dressing will remain in the ear canal until your child's follow up appointment.

When can we go home?

When your child is suitably recovered and has been seen by the surgeon they will be discharged home, usually later the same day.

The nurses will be able to advise you if an overnight stay is necessary. If it is necessary,

there will be an opportunity for a parent/carer to stay overnight.

Advice after myringoplasty

- When your child leaves hospital they need to rest for 2-3 days.
- Your child will need to stay off school for one week.
- Your child may experience some discomfort. You will be advised about appropriate pain relief before discharge.
- Your child will have 'packing' in their ear, which will remain in place for 2-3 weeks. This will be removed in the ENT clinic by the surgeon.
- Please be aware that a small amount of discharge is normal.
- If there is a large amount of offensive smelling or blood stained discharge please contact ENT Clinic on 0118 322 7139 or the ward as soon as possible.
- If there are stitches behind the ear, please keep dry at all times.
- Avoid changes in atmospheric pressure, e.g. tube trains/planes.

- Try to discourage your child from coughing or blowing their nose.
- Contact your GP if there are any signs of a cough or a cold.
- Avoid swimming/contact sports until your follow up appointment.

If you have any further questions, please contact either:

Pre-clerking nurse: 0118 322 7518

Lion Ward: 0118 3227519

Kempton DBU: 0118 322 7512

Fax number: 0118 322 7508

ENT Clinic: 0118 322 7139

More information

Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Paediatric Unit, March 2018

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