



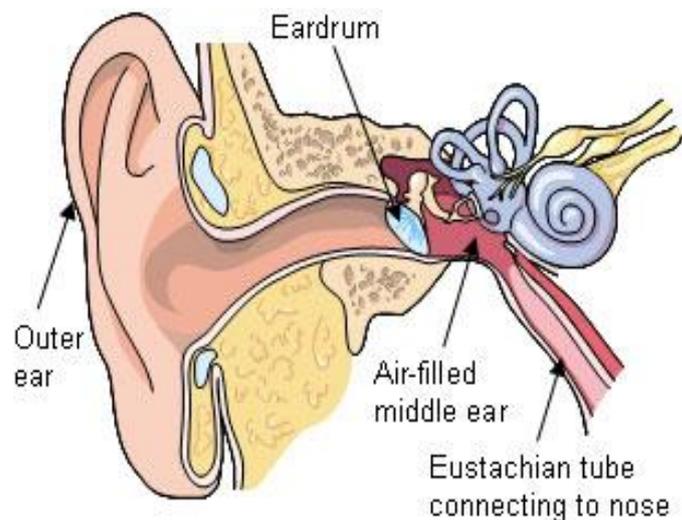
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Myringoplasty

Patient Information Guide

A myringoplasty involves the repair of a perforated ear drum using a small tissue graft from the incision site. The operation repairs the tympanic membrane to help prevent infection and often help restore hearing loss.

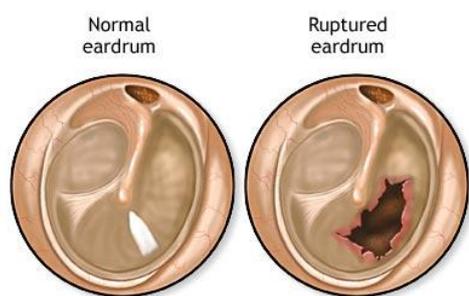
A perforation of the ear drum usually occurs by an infection in the middle ear that bursts the ear drum. This can also be caused by trauma such as a foreign body in the ear canal or a fractured base of skull.



The Surgery

A myringoplasty is performed under a general anaesthetic. The operation usually takes between 1 – 2 hours. The surgeon will use a graft (a piece of tissue, most commonly a piece of the covering of the adjacent muscle) to seal the hole (perforation). There are several approaches and your surgeon may make a cut behind the ear, in front (just above the triangular part of your ear) or deep within the canal itself (no external cut). If stitches are used these are usually the dissolving type.

Similarly there are several approaches to the perforation itself, either lifting the ear drum up or staying completely outside the middle ear.



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Risks of Surgery:

Anaesthetic - In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely. Your anaesthetist will discuss the risks involved for you and your procedure.

Pain - is usually minimal and simple Panadol is usually sufficient.

Bleeding - may be a problem during the operation but is not common after the surgery.

Infection - Usually antibiotics are prescribed but infection may still occasionally occur and requires attention.

Failure of graft - About 20% of grafts break down and these may be suitable for a revision procedure.

Hearing Loss - It is possible but rare for the hearing to be significantly affected after surgery. A complete loss of hearing is extremely rare

Dizziness - may occur but usually settles quickly.

Preparing for surgery:

Your doctor will discuss the options for you/your child to treat your symptoms. Always tell your ENT specialist any medical history and allergies or reactions to medications. Inform your doctor of any medicines you/your child take; including herbal or natural supplements like vitamins. PLEASE INFORM YOUR DOCTOR OF ANY HISTORY (OR FAMILY HISTORY) OF BLEEDING DISORDERS.

You/your child will need to have a **hearing test or audiogram** prior to the procedure. Please ensure you/your child has had this test done prior to your admission date to avoid being cancelled on the day of surgery.

Things to avoid 2 weeks before surgery:

- Aspirin/ plavix/ warfarin – *discuss stopping these with your doctor first*
- Anti inflammatory medication eg: nurofen, celebrex
- Fish oil, glucosamine, garlic

What to bring into Hospital:

-Bring in a change of clothes/ night attire and personal toiletries you may require whilst you are in hospital.

-Ensure that all jewellery/piercings/ nail polish/ makeup is removed prior to your admission.

-Please do not bring any valuables with you as the hospital does not take any responsibility for them.

After surgery:

After the operation you/ your child will be transferred to the recovery room and then to the ward. You/ your child will be required to remain in hospital overnight. Eating and drinking is allowed once well enough and when fully alert which is usually 4 hours after return to the ward.

You /your child may feel some dizziness initially following the operation, therefore care must be taken when walking for the first time after surgery and a nurse may be required to assist you/your child. There may be some packing and a cotton wool dressing placed inside the ear. This dressing will be removed by the doctor the morning after the operation, or at your/ your child's post operative follow up appointment.

Discharge time is usually 10am from the ward. You/ your child will require a family member or friend to escort you home. Do not drive for 24 hours after the procedure and care should be taken when using public transport. It is recommended that someone care for you/ your child for 24 hours at home.

After care:

Your doctor will tell you when you can return to normal duties – this is usually in 1 – 2 weeks. This is to avoid an infection that could lead to bleeding. It is important to rest for the first week at home and then introduce gentle activity. Your doctor will advise you when you will be required to return for a review on discharge.

Recovery:

- Do not attempt to clean the ears, especially with cotton buds unless instructed by your doctor
- Keep the ear dry, use cotton wool/ ear plugs/shower caps when showering or bath instead to avoid getting water in the ears
- Avoid swimming until your doctor feels it is safe to do so. If necessary use a swimming cap and ear plugs available from the chemist or use a cotton wool ball and smear with vaseline to prevent water getting into the ear canal
- Avoid strenuous activity, heavy lifting, sport for 2 weeks to give the body the best chance to recover.

