

TYMPANOPLASTY AND MYRINGOPLASTY

RISKS OF NON-TREATMENT OF A PERFORATED EARDRUM

A perforated eardrum can cause partial hearing loss. If water gets through the perforation into the middle ear, an infection may result. A cyst (cholesteatoma) may develop. A cholesteatoma can eventually paralyze the face or cause total deafness, dizziness, or a brain abscess.

NON-SURGICAL TREATMENT FOR TYMPANIC MEMBRANE PERFORATION

Non-surgical treatment is primarily the avoidance of water in the ear. A hearing aid can be used to compensate for hearing loss. No medication will help the eardrum repair itself.

HOW SURGERY IS DONE

The surgery is usually performed with the patient completely asleep at a hospital or surgery center. An incision is made in, above, or behind the ear. The eardrum is prepared to receive the graft. The hole in the eardrum is repaired by a graft of tissue from the temple region or the ear cartilage. If the hole is small, a non-tissue graft may be used. Self-dissolving packing is often placed inside the ear to stabilize the graft. This packing dissolves over about a six-week period.

If a tympanoplasty is performed, the bones behind the eardrum are also inspected and will be repaired if necessary either by repositioning the remaining bones or inserting a prosthesis to replace the missing parts

RISKS OF SURGERY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING

The likelihood of complications from ear surgery is low. Hearing recovery is usually satisfactory, but it may be incomplete. In rare cases, hearing can be lost after surgery, and/or patients might experience dizziness. Partial loss of taste on one side of the tongue can occur, but is usually temporary. Purulent drainage from the ear after surgery suggests infection and should be examined. There is a very slight possibility of facial weakness or paralysis after ear surgery. The success rate for repair of a perforated eardrum is about 90%.

RECOVERY

Most patients go home on the day of surgery. The day after surgery you may be up and about with limited activity. Most people can return to sedentary work in 3-5 days and normal activity after one week. If packing is required, the hearing will be poor until the packing dissolves and swelling subsides (about 8 weeks).

POST-SURGICAL CARE

- Keep water out of the ear until we know the repair has been successful (usually several weeks). Crusts and clots can be cleaned from around the ear on the day following surgery.
- Try to sneeze with the mouth open.
- DON'T blow the nose, stoop, or strain for the first two weeks after surgery.
- If drops were prescribed, use them as directed. In most cases drops are not used.
- Ibuprofen or Tylenol is usually sufficient for pain control.
- A repeat ear surgery may be necessary under unusual circumstances.