Royal National ENT and Eastman Dental Hospitals

Myringoplasty, ossiculoplasty, tympanoplasty surgery
Ear, Nose and Throat Surgery

Please read carefully before and after your surgery
What are myringoplasty, ossiculoplasty and tympanoplasty?
A myringoplasty is an operation to close a hole in any part of the eardrum. An ossiculoplasty is the reconstruction of the three bones in the middle ear. A tympanoplasty is when both of these are done at the same time. These operations are usually only done when there is no ear infection.

Why have a myringoplasty or ossiculoplasty?
The eardrum may need to be repaired if you keep getting middle ear infections and discharge from the ear. This is because germs may go through the hole and cause ear infection, especially if water gets into the ear. Reconstructing the middle ear bones may help with your hearing.

What will happen if I choose not to have this surgery?
A hole in your eardrum does not cause you harm but not receiving treatment means that infections may persist and can potentially cause further damage to the ear.

What are the risks of this surgery?
This procedure is safe, but every operation has a small risk. Please discuss this with your doctor when you visit the hospital. The most common problems are:

• **Damage to teeth** - During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned.

• **Taste disturbance** - The small nerve that supplies taste to one side of the tongue runs underneath the ear drum. During the operation it may get stretched, bruised or cut. This may cause a metallic taste on the side of the tongue. If this occurs it is usually temporary, but could be permanent.

• **Sometimes the graft does not become part of the ear drum and the hole reoccurs.** If this happens the operation can be repeated.

• **Dizziness** - This is common in the first few hours after the operation. Sometimes you remain unsteady for a few days. This is usually temporary, but it can be permanent.

• **Sometimes the repair of the three hearing bones is unsuccessful** and can lead to a persistent hearing loss, hearing aids may be needed.

• **In a small number of patients** the hearing can worsen or there may be a total loss of hearing

• **Nerve Damage** - Very rarely, people lose movement on one side of their face. It is usually temporary and is caused by damage to the nerve that controls the facial muscles because it runs inside the ear.

• **Tinnitus** - Rarely people notice a noise in their ear, especially if their hearing loss was already severe. This usually improves gradually. We can provide advice about this.

• **Some people may have numbness of their ear.**

How should I prepare for surgery?
You will be given an appointment date to attend pre-assessment clinic, either on the day of your outpatient appointment or following a telephone health questionnaire. This is to ensure that you are fit enough to have the anaesthetic and the surgery.

The nurse will check your general health and may have to carry out further tests. We may ask you for a new hearing test, if you have not had one done in the last 3 months. The nurse will also give you verbal and written fasting instructions and inform you the medication you should or should not take prior to your procedure.
Prior to coming to hospital you are required to:

✓ **Arrange two weeks off work** (if you require a sick certificate please ask the nurse on the day of your surgery).

✓ **Arrange childcare**, as children are not allowed on the ward under any circumstances.

✓ **Arrange an escort** (responsible adult) who will accompany you home from day surgery and stay with you overnight.

✓ **Arrange transport** to take you home after your surgery (either by car or taxi).

✓ **Bring all the medication you are currently taking**.

✓ **Inform the hospital** if you have a cold, flu or tonsillitis in the two weeks before admission as your operation may need to be postponed.

**Note:**

- You will only be allowed to have **1 visitor** with you on the ward.

- **Make sure you have pain killers at home** eg. Paracetamol, Ibuprofen (no aspirin), as they will not be supplied by the hospital.

- **Following the operation we advise you to avoid flying for 6 weeks.** If you have booked a holiday that involves flying please inform the hospital as soon as possible so we can book your operation accordingly.

**Asking for your consent**

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don’t hesitate to speak with a senior member of staff again.

**Pregnancy testing**

All sexually active women of childbearing age will need a pregnancy test. We do this to reduce the risks of miscarriage, premature birth or foetal abnormalities.

On the day of your surgery, the nurse will ask your permission to perform a pregnancy test. We will need to collect a urine specimen for this.

If there is any possibility that you might be pregnant your surgery will be cancelled.

**What happens during the operation?**

A small cut in the skin in front or behind the ear is made. A small, thin piece of tissue, called a graft, is taken from this cut and used to seal the hole in your eardrum. The rest of the operation takes place through your ear passage.

The operation can take from about 30 minutes to two hours depending on the size of the hole and which operation is being carried out.
How long will I be in hospital?
You will go home on the day of your operation, as long as the operation is straightforward and we think that your general state of health and home circumstances are suitable. You will need to stay at least on the ward for 3-4 hours after you return from theatre.

Sometimes after your operation your doctor advises that you should stay in overnight so be prepared for your plans to change.

We discharge patients up until 22:00h.

What to / not to expect after the operation
• You may return from theatre with a head pressure bandage. This should be in place overnight. Should you go home with a head bandage the staff will explain how this is removed on discharge.

• Change the cotton wool in your ear daily - always wash your hands before and after. Take care not to remove the ear dressing with the pack - if it sticks to the cotton wool then cut it close to the cotton wool, but do not pull the dressing out.

• Keep your ear and the wound dry. Take care when showering and washing your hair, to avoid infection. Place a piece of cotton wool covered in Vaseline in the ear to prevent water getting into the ear. Consider using a shower cap.

• Avoid air travel, swimming or diving until you are seen in outpatients then discuss with your doctor when you can resume these activities.

• Avoid blowing your nose violently - blow it gently from side to side. If you need to sneeze, try to do so with your mouth open.

• Try to avoid contact with family and friends who have colds for the first month, as there is a risk that a cold could lead to an ear infection which would destroy the graft while it is healing.

• Avoid changes in atmospheric pressure (underground, deep tunnels) as they can cause your year to ‘pop’ and may damage the graft.

• Avoid all strenuous work, sporting activities, straining and heavy lifting until you have been seen in outpatients. This is because pressure in the ear could cause damage to the operated site.

• Do not take aspirin painkillers (e.g. anadin) as they can make you bleed.

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Prevention of deep vein thrombosis (DVT)
• Please keep your white DVT stockings on for the first 24 hours after surgery to prevent blood clots.

• Although you are advised to take it easy after surgery, it is important to try and keep gently mobilizing as soon as possible.

• Keep yourself hydrated by drinking plenty of fluids.
NORMAL - You may experience this at home

- **You may have slight pain** in the first two days following your surgery. It is important that you take your pain killers regularly as prescribed.

- **You may get some dizziness** for the next few days after the operation. This can also occur if you turn your head quickly or suddenly bend down to pick things up - it soon settles. You may also feel sick if you lift your head quickly.

- **Your hearing will be muffled** or you may have little useful hearing in that ear whilst the dressing is in the ear passage.

- **You may notice a strange squelching, popping, or buzzing noise in your ear.** This is due to the packing and it usually stops when is removed in clinic.

- **You may have a slight yellow discharge** from the ear that has a medicine like smell.

- A **little itching** of the ear is quite common and often signifies healing.

- **You may have a little bleeding** from the ear despite the packing. Do not be alarmed. This is quite normal and will settle over the next few days. Simply replace the cotton wool dressing as necessary.

- **If the packing falls out there is no need to worry** as you can trim the loose end of the packing with scissors and leave the rest in place. **DO NOT** try to put it back into your ear.

- **Patients often have a metallic taste on the side of the tongue.** This is due to a small nerve in the ear that has to be moved during the course of surgery. This may last for a couple of weeks but is rarely a problem after that.

- **You may feel tired for the first few days.**

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CAUTION - If you experience any of the following please see your doctor

- **If, despite taking all your medication regularly you are still in a lot of pain**, you need to ring your GP and arrange an appointment. The hospital will no longer supply medication once you have been discharged.

- **If you have a temperature above 37.5°C** arrange an appointment to see your GP or call the ward.

- **If the ear is intensely itchy and is weeping a clearish fluid** this may represent an allergy to the packing. This is more likely to happen if this is your second or third ear operation rather than your first. In this instance call the hospital to have the dressing removed and replaced with an alternative.

- **If a continuous loud machinery-like noise develops**, especially if it is associated with dizziness, contact the hospital immediately.

- **If you have constant severe dizziness** that comes on suddenly and continues contact the hospital immediately.

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EMERGENCY – Please go to your nearest A&E if you experience:

- A smelly or heavily blood stained discharge from the ear.
- Loss of hearing on the operated ear after removal of pack.
Where can I get more information?

NHS
Website: www.nhs.uk

ENT-UK
Website: www.entuk.org

UCLH cannot accept responsibility for information provided by external organisations.

PALS – If you have any concerns

PALS is a patient-friendly, easy to access service designed to provide a personal contact point to assist patients, relatives and carers. If you have a problem that you have not been able to sort out we can help you to resolve it.

PALS are open:
Monday - Friday: 10:00 till 16:00
Telephone: 020 3447 3042
Email: uclh.pals@nhs.net

Your operation will take place at the Royal National Throat, Nose and Ear Hospital.

330 Gray’s Inn Road
London WC1X 8DA

The hospital is near Kings Cross Station. There is no car parking at the hospital. Pay and display parking areas are available nearby but these are frequently full. You are advised to travel by public transport.

If you need a large print, audio or translated copy of the document, please contact us on:

Telephone: 020 3456 5076.

We will try our best to meet your needs.