Royal National Throat Nose and Ear Hospital

Myringoplasty, ossiculoplasty, tympanoplasty surgery

ENT surgery
If you need a large print, audio or translated copy of the document, please contact us on 020 3456 5305. We will try our best to meet your needs.

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1 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.

2 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.

3 What will happen if I choose not to have this surgery?
A hole in your eardrum does not cause you harm, but can lead to ear infections, especially if water gets into the ear.

4 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.
5 What are the risks of this surgery?
All treatments and procedures have risks and we will talk to you about the risks of having myringoplasty or ossiculoplasty:

• Sometimes the graft does not become part of the ear drum and the hole reoccurs. The operation can be repeated.

• 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.

• 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.

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

• Some people find their taste is impaired on one side of their tongue; this improves with time.

• Some people may have numbness of their ear.

6 How is the operation done?
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.
7 Before your operation
Arrange for a couple of weeks off work and ensure that you have a relative or friend who can take you home and look after you for the first few days after the operation.

We may ask you to attend the pre-assessment clinic, either on the day of your out-patient clinic appointment or following a telephone health questionnaire. This is to ensure that you are fit for your surgery.

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

9 Ear dressings
The ear passage is filled with tiny pieces of an antiseptic gauze dressing or a single gauze dressing. These stay in place for 2-3 weeks and are removed in the out-patient clinic. The appointment will be sent to you through the post.

A piece of cotton wool is placed in the outer part of your ear and you will need to change this every day. If the dressing 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.

10 Stitches
You may have stitches at the site of the cut. These can be removed at your GP surgery about 5-7 days after your operation. When showering and washing your hair take care not to get the ear or the wound wet as this can cause infection.
11 Will I be able to hear soon after the operation?
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 dressing. It usually stops when the dressing is removed. A hearing test will be carried out six weeks after the operation.

12 Does it hurt?
You may get some dizziness for the first 24 hours 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. This usually settles by the next day and we can give you medicine to stop this.

13 How long will I be off work?
You will need to rest at home for at least a week. You may feel tired, but this will steadily improve. If you do any lifting and carrying at work, or your job requires a lot of bending and tipping of your head, you will need to take 2-3 weeks off work. Your nurse or doctor will advise you at pre-admission or before you leave hospital. If you need a sick certificate ask your nurse when you come in for your operation.

14 After you leave hospital
Looking after your ear
• 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. This also means you cannot go swimming until you have seen your doctor in the out-patient clinic.
• 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 or try to put it back into your ear.

• Itchiness and redness is rare, and it may mean you are allergic to the dressing. If you experience it, contact the ward on the number at the end of the leaflet.

**Things to avoid as they can damage the graft and cause pain**

• 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. If you catch a cold you should go to your doctor.

• Until advised by the hospital, avoid changes in atmospheric pressure which cause your ear to ‘pop’ as this may damage the graft (e.g. Deep underground tunnels and aeroplanes). Avoid flying until six weeks after the operation.

• Avoid all strenuous sporting activities and straining until you have been seen in out-patients.

• A small amount of discharge is normal. If the discharge becomes smelly or heavily blood stained, or if you start to feel dizzy or have severe pain around the ear then contact the ward (on the number below).
15 Contact details
If you are worried about your ear once you are at home, contact your GP or the ward on the following number:

**B Ward**
Telephone: 020 3456 5029

**C Ward**
Telephone: 020 3456 5027

**D Ward**
Telephone: 020 3456 5114

16 Where can I get more information?

**NHS Direct**
Telephone: 0845 4647
Website: www.nhsdirect.nhs.uk

**NHS Choices**
Website: www.nhs.uk

**Deafness research UK**
Website: www.deafnessresearch.org.uk

**Action on hearing loss (formally RNID)**
Website: www.actiononhearingloss.org.uk

**University College London Hospitals**
Switchboard: 0845 155 5000
Address: 235 Euston Road
London
NW1 2BU
Website: www.uclh.nhs.uk

UCLH cannot accept responsibility for information provided by external organisations.
17 How to find us

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.