

Myringoplasty

This leaflet explains more about myringoplasty, including the benefits, risks and any alternatives, and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a myringoplasty?

A myringoplasty is an operation to repair a hole in the eardrum.

Why should I have a myringoplasty?

The eardrum may need to be repaired if you keep getting middle ear infections and discharge from the ear due to a hole in the drum (also known as a perforation). This is because germs may go through the hole and cause an ear infection, especially if water gets into the ear. The operation may also improve your hearing, but in some cases your hearing will stay the same.

What are the risks?

- The patch used to repair the hole may not work. If you are a smoker or have a lot of other medical problems, then the risk that operation won't work is higher.
- It is common to get liquid or blood leaking from the ear in the first one to three weeks after the operation.
- Numbness behind the ear: usually this is temporary and occurs if a skin incision is made behind the ear.
- It is normal to get a few days of dizziness but it is rare that this lasts for more than a week.
- There is a small chance of tinnitus (noise in the ear). If you already have tinnitus it often gets better, although sometimes the tinnitus will stay the same and rarely it may get worse.

- As with all surgery there is a chance of infection occurring after surgery which may mean there is a higher chance that the repair of the ear drum doesn't work.
- Some people experience a change in their taste at the front of the tongue on the same side as the operated ear. This is because the taste nerve runs underneath your ear drum and can become stretched or damaged during the operation. This usually improves over time.

Rarer risks

- The facial nerve, which is responsible for movement of the facial muscles, runs through the ear. There have been reports of this nerve being damaged during surgery, but this is very rare.
- Normally, if there is a hearing impairment before the surgery, it stays the same or improves, but very rarely it gets worse. It has even been reported for hearing to fail completely in the operated ear after the surgery. The chance of total hearing loss is probably less than 1 in 1,000.

Are there any alternatives?

A hole in your eardrum does not cause you harm directly, but by not receiving treatment you may find that your ear infections continue. Repeated infections over time can potentially cause further damage to the ear and your hearing. However, some people manage well and don't get any infections as long as they don't get water in the ear. You can keep your ear dry by using ear plugs or cotton wool covered in Vaseline for swimming, showering and bathing.

How can I prepare for myringoplasty?

- You will need to have had a hearing test three months before your operation. If you think you need another hearing test prior to the surgery, please contact the Admissions team.

- Arrange two weeks off work (if you require a sickness certificate please ask the nurse on the day of your surgery).
- Arrange for someone to come and pick you up after the surgery. This is because you cannot drive for 24 hours after a general anaesthetic.
- On the day of your surgery bring with you all the medication you are currently taking.
- Make you sure you have pain killers at home such as paracetamol and ibuprofen (unless you GP has told you can't take these drugs).
- 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.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during a myringoplasty?

Please remember that your surgeon will confirm how your surgery is performed and finalise your aftercare plan with you, as practices sometimes slightly vary. Below is a general guide.

The surgery can take one and a half to two hours. The operation can be done in different ways: a cut behind the ear drum, a cut just in front of the ear or entirely down the ear canal without any cuts in the skin. Your surgeon will discuss with you how your operation will be done.

A small piece of tissue is taken from underneath the skin behind your ear or from the cartilage at the front of your ear canal. This piece of tissue (graft) is used to cover the hole in the eardrum. The graft acts as scaffolding for the eardrum to grow over, completing the healing process. This normally occurs within a few weeks.

Will I feel any pain?

It is common to experience a dull, occasionally throbbing pain in the ear after the surgery. Most patients don't require more than simple painkillers.

What happens after a myringoplasty?

You normally have to stay in the hospital three to four hours after a general anaesthetic. Occasionally if it gets too late you may have to stay overnight.

When you wake up you may have a head bandage. We may ask you to remove that yourself at home. There will often be a yellow antiseptic ribbon in the ear canal to protect things while healing takes place. There is often a squelching sound or popping in the ear when chewing or yawning, which is normal. The ear will often leak fluid for several days to weeks after the surgery. This is also normal. Occasionally you may see bright red blood.

What do I need to do after I go home?

- There will be cotton wool at the entrance to the canal and you need to change this when it gets soaked with liquid. This may be several times a day immediately after surgery but may be only once a day a few days after surgery. Please insert a new piece of cotton wool at least once a day.
- If the yellow wick that sits in the ear sticks to the cotton wool, slowly pull off the wool and push the wick back down your ear canal with your little finger. Trim any excess wick with a pair of scissors. Make sure you wash your hands with soap and water before touching the ear or dressing.

- Try to sneeze with your mouth open and don't blow your nose for the first two weeks after surgery to prevent build-up of pressure in the ear. Sniff if you need to do so.
- There will be paper-like strips if you have a wound behind the ear. You can remove these gently after seven days.
- You should keep the ear dry until your surgeon tells you that you can get it wet: ask at your post-operative appointment. When washing hair, please cover the ear canal with a piece of cotton wool covered in Vaseline. In addition, you can use an empty clean yoghurt carton, or similar, to put over the ear and it is easier if there is someone to help you. Being able to go swimming depends upon the type of surgery and healing speed, so please ask your surgeon.
- Work/school: You should be off work for seven to ten days, depending upon how you feel. One of the main reasons is to try to prevent you picking up a cold when mixing with other people. If you feel up to it, and have the sort of job that allows, you may be able to work from about five days. If you need a medical certificate for your employer, please ask your nurse before you leave hospital; otherwise, your GP can give you one.

Will I have a follow-up appointment?

Yes, you will be asked to return to the clinic to check to see if the ear has healed and to check your hearing. When you are seen may vary but often it is two to four weeks after the operation. If you had a dressing inserted into the ear you may need to have this removed in the clinic.

You will be asked to go to ENT Outpatients in the Lanesborough Wing. Your surgeon will give you more precise instructions on the discharge letter you get when you go home after the operation.

Useful sources of information

ENT UK has an online patient information leaflet:

<https://www.entuk.org/perforated-eardrum-myringoplasty>

Contact us

If you have questions or concerns, please contact your consultant's medical secretary on 020 8725 2052 or 020 8725 2493, or use the ENT secretarial email address: stgh-tr.entsecretariesadmin@nhs.net.

If you have more urgent concerns or feel unwell, see your GP, an urgent care service, or your nearest Emergency Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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