

Introduction

It is indicated for the repair of perforated eardrum to improve hearing and prevent infection. The success rate of repairing the perforation is around 90%. But the degree of hearing improvement after successful surgery depends on residual ossicular damage and cochlear function.

The Operation / Procedure

Operation can be done under either local or general anaesthesia. The muscle fascia above the ear is used for repair.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Shave your hair up to 1.5 inches around the ear to be operated.
3. Shampoo your hair the night before operation.
4. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
5. Keep fast for 6 to 8 hours before operation.
6. Empty bladder and change to operation clothes before transfer to operating room.
7. Pre-medication, antibiotic prophylaxis intravenous line may be required.

Postoperative Instruction**A. General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.

B. Wound care

1. After operation, mild pain is expected. You are advised to stop working and rest for few days.
2. Follow up after operation 1-3 weeks, the ear packing should be pulled out by doctor.
3. The ear packing should be kept for 1-3 weeks. If it is accidentally pulled out, you should ask for help from OPD.
4. The sutures will be removed in 5-7 days.
5. You can wash your hair after the sutures are removed. During washing, avoid any water from entering the ear canal.
6. No vigorous activities or swimming until advised by doctor.
7. Avoid blowing your nose hard.
8. Sneeze gently with the mouth open.
9. Avoid travel by plane as the abrupt change in air pressure may rupture the newly repaired eardrum.
10. A small amount of discharge is normal. If you develop an allergic reaction to the antiseptic material or have wound infection, the discharge will become offensive or heavily stained with blood, with increasing pain around the ear. Please ask for help from OPD.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic may result in serious complication although rare.

B. Procedure related complications

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| 1. Wound infection | 4. Allergy to antiseptic material | 6. Facial palsy (rare) |
| 2. Tinnitus and dizziness | 5. Permanent impairment of hearing (rare) | 7. Risk of general anaesthesia |
| 3. Taste disturbance | | |

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority : “Information for Consent - Myringoplasty / Tympanoplasty” (2023)
Smart Patient: ENT_Myringoplasty_Tympanoplasty_0132_engchi.pdf (ekg.org.hk) (19-07-2023)