



PEDIATRIC AND ADULT EAR, NOSE & THROAT

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

## **Tympanoplasty**

### **Definition**

Tympano = indicates a connection with or a relation to the tympanum or ear drum

-plasty = a surgical procedure for the repair, restoration, or replacement (as by a prosthesis) of a part of the body

This procedure involves repairing a hole in the eardrum often caused by infection, trauma, or previous ear surgery.

### **Purpose of Procedure**

The reason for this procedure is to restore the eardrum. This allows better sound transmission. Normal water activities can usually be resumed.

### **Preparation**

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit. Eustachian tube function needs to be checked by an audiologist prior to this procedure. If Eustachian tube function is poor, the procedure may not be successful.

### **Procedure**

This procedure involves removing a rim of tissue from the edge of the perforation in the ear drum. Local anesthetic is injected into the ear canal and in the area from which the graft will be taken. A graft from the covering of the temporalis muscle is taken through an incision above the ear. The incision is closed with suture material. With the use of a microscope for visualization, an incision is made in the ear canal and the eardrum is elevated to allow visualization of the structures behind the eardrum. Depending on the location of the perforation an incision may be made behind the ear to help expose the perforation. The ear bones are then checked for mobility. Gelatin sponge is placed in the middle ear and the graft is placed between the gelatin sponge and the undersurface of the eardrum. The eardrum is then returned to its normal position and special care is taken to make sure that all of the perforation has been covered by the graft. More gelatin sponge is placed on the top of the eardrum to hold everything in place. A cotton ball soaked in



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antibiotic ointment and a band-aid are used to protect the ear. If an incision was made behind the ear, it is closed with suture material and a full dressing is placed over the ear.

### **Post-Procedure**

Following the procedure the ear should be kept dry. If a full dressing is used, it will be changed daily until drainage is insignificant. The gelatin sponge behind the eardrum dissolves naturally over time. Blowing your nose is not allowed. Sutures will be removed one week later. Follow-up appointments will be on a regular basis until healing is complete. This may take from 4 to 6 weeks. Antibiotics may be used if infection is noted. Any discomfort will be managed with pain medication. Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day

### **Expectations of Outcome**

This procedure should cause complete closure of the perforation and improve hearing.

### **Possible Complications of the Procedure**

This procedure is safe, however, there are uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Injury to the nerve that is partly responsible for the sensation of taste
- A hole that doesn't heal completely
- Scarring of the eardrum that may cause a reduction in hearing
- Injury to the inner ear causing either dizziness, hearing loss, or ringing (tinnitus)

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).