Useful Telephone Numbers

North Hampshire ENT Partnership
Hampshire Clinic - 01256 377733

The Hampshire Clinic
Switchboard - 01256 357111
Lyde Ward - 01256 377773
Enbourne Ward - 01256 377772

Frimley Park Hospital
(for out of hours emergencies)
Switchboard - 01276 604604

Basingstoke & North Hampshire Hospital
Switchboard - 01256 473202
DTC - 01256 313332

North Hampshire ENT Partnership - Hampshire Clinic
Basing Road Old Basing Basingstoke Hampshire RG24 7AL
T 01256 377733 **F** 01256 354483
E info@ent-hampshire.com www.ent-hampshire.com

NORTH HAMPSHIRE ENT
ENT | HEAD & NECK SURGERY

Information for Patients on

Myringoplasty and Ossiculoplasty

Information
Booklet E003

The North Hampshire ENT Partnership consultants are

Jonathan Blanshard FRCS (ORL)
Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Paul Spraggs FRCS (ORL)
Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

What is a Perforation?

A perforation of the ear drum is a hole through the ear drum into the middle ear. It sometimes allows water to get into the middle ear which may cause infections. This leads to discharge from the ear, hearing loss and pain. The operation to repair the perforation is called a myringoplasty.

A perforation may be caused by a severe ear infection bursting the ear drum (most usually heal up) or an injury to the ear. Sometimes these conditions may damage the three small bones of the middle ear leading to hearing loss. Repair of these bones is called an ossiculoplasty.

Alternative treatments include keeping the ear dry in order to help stop infections, and wearing a hearing aid.

The Middle Ear

Several important structures are in the middle ear, including:

The hearing mechanism – the three small bones that conduct sound to the inner ear.

The facial nerve – this nerve controls the muscles on the same side of the face that make all the facial expressions. The nerve usually lies in a bony canal that crosses the middle ear and mastoid bone.

Beyond the middle ear is the inner ear, which contains the balance organ.

Before the operation

You will attend a preassessment clinic and may have a hearing test performed.

If you are taking the contraceptive pill, this should be stopped one month before surgery.

If you have a cold or ear infection, your operation may be postponed.

Sources of additional information

The North Hampshire ENT Partnership
www.ent-hampshire.com

British Association of Otorhinolaryngologists
www.entuk.org

Complications

Failure of operation – placing a graft under the ear drum relies on it being incorporated into the body. Sometimes this does not happen and the repair fails leaving a persisting hole in the ear drum. The operation can be repeated if necessary. Repairing the three bones of the hearing mechanism may be unsuccessful leaving a persisting hearing loss. A hearing aid may still be considered.

The structures in the middle ear (see above) can very rarely be damaged in the operation.

Hearing – some hearing loss may occur from the disturbance to the bones of hearing in the middle ear. Very rarely, disturbance to the inner ear can cause complete deafness that is irreversible (only on the operated side). Tinnitus occasionally is worsened by the operation.

Balance disturbance – immediately after the operation some unsteadiness may occur. Persisting dizziness is rare.

Infection – can occur at the site of the skin incision or in the middle ear causing increased pain, discharge, swelling and fever; seek attention if you are concerned this may be developing.

Taste disturbance – occasionally this is noticed usually only temporarily.

If any of these problems arise after you have gone home please contact the ward

About The Operation

This operation is usually carried out under general anaesthetic (fast asleep) and can last between 1-2 hours.

A cut may be necessary in the skin behind, in front or above the ear.

The ear drum usually has to be elevated to gain access to the middle ear and undersurface of the ear drum.

A ‘graft’ (fibrous tissue) is taken from the surface of a muscle under the skin just above the ear. This graft is laid under the ear drum and held in place by packing. If repair of the bones is necessary, a piece of artificial bone may be used to bridge the gap between the ear bones.

After The Operation

A head bandage may be used and it will be removed the morning after surgery.

Any stitches that need to come out will be removed after a week.

A dressing will be left in the ear canal for one to two weeks.

You will be able to go home on the same day or the day after the operation, but you will need to rest at home for about two weeks.

Pain

A headache around the ear is normal and you will need pain relief for up to ten days. This will be supplied to you on leaving hospital.

Discharge from the ear canal

Some discharge, often blood stained, is common in the first few days but then dries up.

Hearing

This will be muffled because of the packing in the ear and tinnitus (noises in the ear) is sometimes worsened temporarily.

Balance

This is sometimes disturbed but only for a few days.

The ear

This may stick out a little more and will also feel numb for a few weeks. This problem settles with time.

An Out-patient appointment will either be given to you when you leave the ward or will be sent later on.

Post-Operative Instructions

Stay off work or school for a minimum of seven days but up to two weeks may be necessary. You can be given a sick note by the hospital if you need one – please ask for this before you leave the ward.

Keep the ear and scar dry when washing. Cotton wool smeared in Vaseline is an effective ear plug. Avoid swimming until you have been given the all clear.

Change the cotton wool in the ear if it becomes dirty but be careful not to pull the dressing out with it – get someone to help. If some of the dressing is pulled out cut off the bit hanging out; if a whole piece comes out contact the ward.

Minimise pressure changes in the ear – avoid vigorous nose blowing and sneeze with your mouth open. Do not fly for 4 weeks.

Complete any course of antibiotics you are given.