



Central West Specialists

Ear, Nose & Throat Specialist

TYMPANOPLASTY

This operation involves re-building either the eardrum, which has a hole in it, or repairing the tiny bones, which carry the sound from the eardrum into the inner ear. The aim of the operation is to make the ear dry and water tight, and also to improve hearing. The operation usually requires a general anaesthetic and takes approximately 2 hours. It is not particularly painful after this procedure and usually an overnight stay in hospital is all that's required.

Possible Problems:

This operation involves taking a tiny graft of fibrous tissue from one of the muscles near the operated ear. It is like a tiny piece of paper and is cut to size to fit the hole in the eardrum. It has to be carefully placed to make sure that the eardrum has every chance to heal over this graft. The possible problems involved in this procedure afterwards are several, although none are a great risk. Probably the most likely complication is that the graft will not take. Sometimes this is because the graft has been infected with some germs and this stops the healing process. Sometimes for no apparent reason the eardrum makes no attempt to grow over the newly grafted area. The failure rate of these grafts is probably in the order of 10% so that about 90% of grafts will heal. If a smaller hole remains after the operation this can usually be repaired, sometimes without any anaesthetic at all. The graft may also break down many years later, if for example an acute middle ear infection occurs. If the graft fails the operation can be repeated. However if the graft fails and there is no apparent reason why it has failed there is only a 50/50 chance of the operation being successful the second time.

Hearing:

If the operation is only to repair the Tympanic membrane there may not be noticeable hearing improvement. There is usually a modest gain but this is not the main aim of the operation. The main aim of the operation is to make the ear watertight. In most cases a modest hearing improvement will occur once the hole has been closed but this will take several weeks as the healing process occurs. If one of the tiny bones of the middle ear is missing this can be replaced with a plastic bone as a substitute. This is simply to help connect the inner ear up to the eardrum.

The success rate of this depends on the state of the ear generally. It is usually in the order of about 70% and if no improvement occurs it is usually because the replacement bone has slipped during the healing phase. There is a very slight risk, as with any ear operation, on the hearing. No matter how delicate the operation may be, sometimes the ear will simply cease to function. The risk of this is very low, in the order of 1% or less.

Facial Nerve:

This important nerve runs right through the ear bone close to this operation. The nerves supply the muscles to half of your face. The risk of any damage to this is very low, but it has been reported in the past.

The nerve of taste: – runs straight through the operative field in this operation. It can be damaged but every effort is made to spare it. If the nerve needs to be divided to allow the operation to be completed,

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some people notice a slight change in taste on one side of their tongue. However, sometimes it causes no change in taste sensation whatsoever.

Dizziness:

The inner ear has two functions; Hearing and Balance. It is very rare after this operation for the patient to notice any disturbance in their balance but again has been reported and it is mentioned here for completeness.

Slow Healing:

Occasionally the graft will take but it heals very slowly and takes several months for the area to completely settle down. During this time quite frequent attendance will be necessary to keep any infection away as the area returns to normal.

TYMPANOPLASTY POSTOPERATIVE INSTRUCTIONS

Arrange for transportation home from hospital

For the first week there may be ooze from the ear canal or the place from where the graft has been taken.

The cotton wool ball in the ear canal can be discarded after 24 hours. If there is packing in the ear canal, it may become stuck to the cotton wool. If this happens, trim it off with a pair of scissors.

The packing is usually removed from the ear canal after a week, but do not expect an immediate improvement in your hearing. It will take as long as four to six weeks for the swelling to subside completely and the healing process to finish.

Keep the ear dry. For the first six weeks protect the ear when you wash your hair. A cotton wool ball placed in the ear and coated with vaseline is usually sufficient. An ear infection following surgery will lower the chances of success dramatically.

Mild painkillers are usually needed. Paracetamol (Panadol) or Paracetamol + codeine (Panadeine) are usually sufficient. If you have increasing pain, then you should contact your doctor as this may mean an infection is developing.

Nurses: Take bandage off. Leave greasy wick in. There is a dry dressing over the ear that can be changed. Pt is seen in one week.