



## **Mr Glenn Watson**

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Ear, Nose and Throat – Head and Neck Surgeon

### **OPERATION OF REPAIRING AN EAR DRUM (MYRINGOPLASTY) A guide for Mr Watson's patients**

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of repairing an ear drum, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

#### **MAJOR EAR SURGERY PROCEDURES**

##### **MYRINGOPLASTY**

Repairs a hole in the eardrum.

##### **TYMPANOPLASTY**

Repairs the ear drum but in addition clears the middle ear of disease. The middle ear is the space behind the ear drum and connects to the back of the nose containing three small bones called Ossicles, namely the malleus, incus and stapes. These three bones together with the eardrum acts as an amplifier for sound presented to the ear.

- See also website handout on Bilateral Grommets

#### **Reasons for Repair of the Eardrum**

There are a number of reasons to repair a hole in the eardrum. Firstly, if there is a hole in the eardrum it causes reduced hearing. This is called a conductive hearing loss. By repairing the eardrum the hearing can improve. A second reason to have the eardrum repaired is that it provides a dry ear. When there is a hole in the eardrum there is a communication between the outside environment, the middle ear and subsequently into the nose. This can cause recurrent ear infections

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with discharge of pus via the ear. This may occur as water can enter the middle ear during times of showering, bathing, swimming etc. Furthermore there can be entry of bacteria via the nose resulting in ear infections.

## Preparation for Surgery

Prior to the operation a hearing test will be performed. Mr Watson will have discussed with you the hearing test and expectations regarding hearing improvement. If there is any nasal obstruction then this is often treated before the ear operation with either a nasal spray or in some cases an operation on the nose to improve the ventilation of the nose prior to embarking on the ear operation. Mr Watson will also use a telescope to look inside the nose and the back of the nose where the ventilation tube, called the eustachian tube, enters the nose from the ear. It is important that the eustachian tube is functioning well for the operation to have good success.

- See website handout on Septoplasty, Turbinectomy.

## The Surgery

Myringoplasty is performed under a general anaesthetic (patient asleep) as a day case or an overnight stay in hospital. You will come back after the operation with a big dressing over the ear which is removed the following morning. To perform the operation a cut is made either behind the ear in the shape of a hockey stick, or alternatively a small cut in front of the ear. The particular incision depends on the access at the time of the operation. Mr Watson uses dissolving stitches to stitch up the wound. This means that no stitches need to be removed after the operation. The eardrum is made from your natural body tissue. Mr Watson will take a piece of tissue, generally from the area where the cut is made. One such tissue is called temporalis fascia.

This tissue is a strong tissue that covers muscle. This is the whitish material which you may have seen at times covering a piece of steak you may buy at the butcher shop. It is very strong and is a good material to use for an eardrum graft. Alternative tissue used is the tragal cartilage which is a small piece of cartilage which helps to give the ear its shape.

A small piece of this cartilage can be used without causing any severe disfigurement to the ear. At the end of the operation Mr Watson will pack the ear canal with a substance called Gel Foam. These are placed in the ear canal to prevent infection. Gel Foam dissolves by itself.

## Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

General risks of surgery include wound infection, pain, nausea, vomiting, healing complications and allergy reactions to medications given. Specific risks to myringoplasty include bleeding. A large bandage helps prevent any bleeding after the time of operation. The operation itself is a delicate

procedure done under a microscope. Due to the delicate nature of the procedure there is approximately an 85% success rate. This success rate varies with the general health of the patient and such conditions such as diabetes or kidney disease can reduce the healing rate further.

If the eardrum fails to heal or breaks down again after it has subsequently healed, a revision myringoplasty procedure may have to be performed. The risks are essentially the same as that outlined in this pamphlet.

There is a low risk, less than 2% of sensorineural hearing loss nerve deafness. Hearing loss may be partial or total and can also be permanent. Sensorineural hearing loss should not be confused with a blocked ear that you will have for up to six week's after the operation. Hearing gradually returns over the 6-8 week period after the operation.

Slight change to taste can occur after the operation. This can give a slight metallic taste in the mouth. This occurs with damage to a nerve called the chorda tympani.

Dizziness can occur in a small minority of patients, usually less than 2%. This is usually short-lived.

Extremely rarely is the potential damage to the facial nerve which supplies power to the side of the face. If there was specific damage to the nerve then it could result in paralysis to the side of the face.

On occasion, due to the use of local anaesthetic during the procedure, patients may wake with weakness in the side of the face which fully recovers. Non-return of function of the face occurs only if there has been specific damage to the facial nerve.

Due to wound healing there is a low risk of the canal narrowing after the procedure with scar tissue.

## Before Operation

Since the operation is done under a general anaesthetic it is important not to eat or drink anything for at least six hours prior to the scheduled operation.

**No Aspirin** should be taken 10 days prior to operation.

## Post-Operative Information

### General Information

- Do not blow your nose forcefully until your post-operative appointment.
- If you sneeze, do so with your mouth open
- Avoid strenuous activity for 4 weeks.
- Avoid air travel for 6 weeks.
- Please arrange for someone to take you home if you are discharged on the same day of your operation. You will not be able to drive.
- Please arrange a follow up appointment with Mr Watson. This appointment is generally 4 weeks following surgery.

## Hygiene

- Water must be kept out of the ear canal for six weeks.
- When showering, use a cotton wool ball dipped in olive oil in the ear to prevent water entering into the ear canal. Otherwise a shower cap should be used.

## Medication

- Do not take aspirin or medications containing aspirin for 10 days after the operation. If unsure about a medication contact Mr Watson.
- If you were previously taking aspirin or anticoagulant therapy, please check with Mr Watson about continuing this therapy.
- If you have been prescribed antibiotics it is very important that you finish the whole course

### **Please contact your Surgeon, Local Doctor or the Emergency Department if:**

- Bright, persistent bleeding occurs from the operated ear.
- You are experiencing severe pain not relieved by pain medication.
- You experience signs of fever that persist eg. Elevated temperature, flushing, sweating, chills or shivering.
- If pus is draining from the operated ear.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

This information cannot be copied or reproduced unless authorised by Mr. Glenn Watson

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