

**Patient Information to be retained by patient**

# Your child's myringoplasty (including tympanoplasty)

affix patient label

## What is a myringoplasty?

This is an operation to repair a perforated eardrum.

## Why does my child need this operation?

The operation may be done to:

- dry up the ear and stop discharge
- allow your child to swim and get their ear wet
- allow your child to wear a hearing aid (if needed).

This operation is not done to improve your child's hearing because hearing outcomes are unpredictable.

## Are there any alternatives?

Surgery is not essential but there are no alternatives to repair the eardrum. You can prevent infections by keeping the ear dry, especially when bathing or swimming. If infections do occur these can be treated with eardrops.

## How do I prepare for it?

If your child experiences an infection of the ear canal in the weeks prior to surgery, please let your surgeon know. Operating when the ear canal is infected increases the risk of graft failure.

Do not let your child eat anything for at least **6 hours** before the operation. This is to make sure their stomach is empty when they have the anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. Your child can drink water or a drink without fats in it until **2 hours** before the operation. They may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

Your child will be given a general anaesthetic during the operation, which will keep them asleep. The anaesthetist will come and see you before the operation to discuss this with you and your child. You will be able to ask them any questions you may have about the anaesthetic.

A member of the surgical team will also see you and your child on the ward. This is usually the surgeon that will perform the operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine your child again. They will also check that the consent form has been completed and signed.

## What does it involve?

The operation takes about 45 minutes and is performed under a general anaesthetic. The surgeon will usually make a small cut in front of your child's ear and down the ear canal. Occasionally it is necessary to make the cut behind their ear. From inside this cut a small piece of tissue is taken and then put over the hole in the eardrum, like a patch or graft. When your child wakes up they will have some packing in their ear, which will stay in for two weeks. This helps the patch stay in place and heal. While the pack is in, their ear may discharge a little. This is normal and will settle down once it is removed.

**Are there any risks or complications?**

As with all procedures, there are some risks from having this operation:

**General risks**

- Pain
- Infection
- Bleeding
- Anaesthetic – the general risk to a healthy patient of problems arising from an anaesthetic is very small, but serious general medical conditions do occur, despite best efforts to prevent them, such as thromboembolic events (eg blood clots of legs, lungs, brain) and other heart, lung and neurological conditions. The risk of death for a healthy person having non-emergency surgery is not known exactly but is thought to be 1 in 100,000. Risks are higher for those with existing medical problems. We will always take every possible step to keep your child safe during the operation.

**Specific risks to this type of ear surgery:****Significant, unavoidable or frequently occurring risks:**

- Failure of the graft to take (one in every five myringoplasties will fail).

**Uncommon and/or serious risks:**

- A metallic taste in the mouth, due to bruising of a nerve. Most, but not all, resolve in two to three weeks.
- A reduction in your child's hearing (this is rare).

**Rare and/or serious risks:**

- It is theoretically possible that the facial nerve and inner ear could be damaged (this is very, very rare). Damage to the facial nerve, on the side of the operation, would cause weakness of muscles of your child's face on that side. Inner ear damage would cause hearing loss, tinnitus and imbalance.

**What is the prognosis or expected outcome?**

If your child's operation is successful no further treatment should be needed. If the graft fails, then the hole in your child's eardrum will still be there. If necessary the operation can be repeated, but again there is no guarantee of success.

**Will my child have any pain or discomfort?**

Your child will have some pain after the operation. During the operation and immediately after we will ensure the pain is treated with pain killers. Simple painkillers such as paracetamol and ibuprofen should be sufficient over the next two weeks. Make sure you obtain a stock of these painkillers before your child's operation. Always follow the dosage instructions for your child's age.

**What happens afterwards?**

Your child may have a bandage on their ear/head when they wake up. This may be left overnight for you to remove in the morning.

Your child's ear will have some packing in it. This may be dissolvable or non-dissolvable, requiring removal. Your surgeon will explain which dressing your child will have and when you need to come back for review. Some discharge from the ear is normal during the first two weeks.

- Your child must keep their ears dry and stay out of the water until the ear has healed.
- Your child will need to take up to two weeks off nursery or school (if appropriate).
- Do not fly for up to three months after your child's surgery, and only then if your surgeon says it is safe to do so. This is because the pressure changes in an aeroplane can dislodge the graft.

**What should I look out for?**

If your child develops any unusual symptoms, particularly during the two weeks after surgery, notify the surgical team or your GP. Signs of infection such as redness around the wound, increase in pain and discharge from the wound or ear should be notified and treatment may be required. Other signs of complications as detailed in the risks above should also be notified.

**Will my child need any follow up?**

Yes, at about two weeks after surgery to remove a non dissolvable pack or at six weeks if the pack used is dissolvable. At that stage the ear should be sufficiently healed for us to let you know the result of surgery, check your child's hearing and advise when they can return to getting their ears wet.

**Contact us**

If you have any administrative queries, please contact your consultant's secretary via the hospital switchboard on 01872 250000.

If you have any post-operative issues, please contact Harlyn Ward on 01872 253910.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690



**CONSENT FORM 2**
**PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT**
**Child's myringoplasty  
(including tympanoplasty)**

\_\_\_\_\_ side

 NHS number: .....  
 Name of patient: .....  
 Address: .....  
 Date of birth: .....  
 CR number: .....

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and their parent(s) / person with parental responsibility. In particular, I have explained the intended benefits and summarised the risks, as below:

- To repair the perforation (hole) in your child's eardrum.

**Significant, unavoidable or frequently occurring risks:**

- Wound problems such as haematoma (clot), infection, scar and pain (which may, rarely, persist)
- Recurrence of perforation
- Failure of the graft to survive, so perforation not successfully repaired

**Uncommon but more serious risks:**

- Worsening of hearing, from mild to total loss (rare, approx 1%)
- Taste disturbance due to Chorda tympani damage (rare, <1%)
- Excessive scarring of the ear drum (rare, approx 1%)

These may be temporary or permanent.

**Rare but serious risks:**

- Facial nerve weakness or palsy (very, very rare)
- Risks arising from the anaesthetic.

**Any extra procedures which may become necessary during the procedure:**

- Other (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this child and their parent(s) / person with parental responsibility.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Child's myringoplasty (including tympanoplasty) CHA4579 which forms part of this document.

I am satisfied that this child and their parent(s) / person with parental responsibility has the capacity to consent to the procedure.

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Child's myringoplasty (including tympanoplasty) CHA4579 which forms part of this document.**

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Agreement to Treatment (if child wishes to sign)**

I agree to have the treatment I have been told about.

Child's signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

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