

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