

# Information for patients and carers

## Myringoplasty

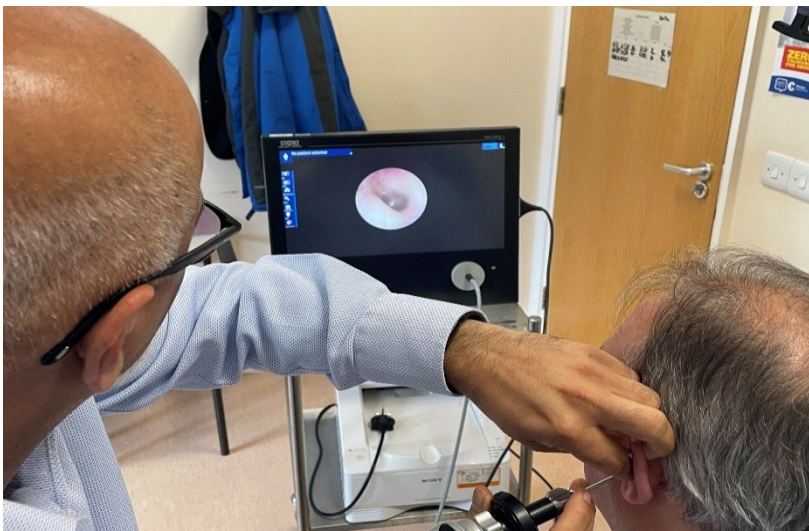
A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

## Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having a Myringoplasty and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

### Why do I need this operation?

There are several reasons you will need this operation. It may be because you have a perforation or hole in the eardrum which has not healed on its own. You may find that you have experienced repeated ear infections due to the hole in your ear drum or you may have had repeated moist discharges from the ear. You may also have experienced reduced hearing since the hole in your ear has developed and it is having an impact on your normal daily activities.



**Photo showing the use of a light source and monitor to examine the ear**

## What is a Myringoplasty?

A Myringoplasty is an operation to repair the hole in your eardrum. The edge of the perforation is removed to encourage the drum to start growing. The eardrum is lifted, and a graft is placed beneath the eardrum, this acts as a scaffold across which the drum grows to close the perforation. For small holes, the operation works well for 9 out of 10 times but the success rate decreases the bigger the hole.

## How is the surgery performed?

Most Myringoplasties are done under a general anaesthetic, this means you will be asleep during the operation. The skin is cut behind the ear or up from the ear canal in front of the ear. The graft is usually made from the lining of the temporalis muscle. This is the muscle above and behind the ear. The graft can also be taken from the covering of the “tragal cartilage” which is the small bit of cartilage in front of your ear canal. In small perforations a fat graft taken from the ear lobe may be used. Once the operation has finished, the ear canal is packed with a yellow ribbon to prevent infection and allows the eardrum to heal up undisturbed.

## What will happen after the operation?

You will wake up with a bandage around your head, this is usually removed the following day. Most people can go home within one or two days of the surgery. You may have earache, but you can take over the counter painkillers to help with this. You will need two weeks off work following your operation, so please ask for a ‘Fit Note’ if required. The stitches in the skin will dissolve and do not need removal. Some of the yellow ribbon may fall out, do not worry if this happens. The yellow ribbon will be removed by the doctor after three to four weeks, in the outpatient clinic.

## What are the risks of surgery?

The surgery is very safe, and post operative complications are very unlikely to occur as the surgeon is very careful using a microscope to identify structures. There are some risks you need to be made aware of prior to consenting to the operation. Following this operation, your hearing and balance are theoretically at risk and the facial nerve may be damaged in any ear surgery and half the face may be paralysed if the facial nerve is harmed. However, this is extremely unlikely in this type of surgery.

Some patients may experience altered taste as the nerve runs close to the ear drum and may become damaged. Some patients may develop Tinnitus, which is a perception of sound in the ear. Dizziness is a common complication, but this normally settles within a few hours following surgery. The ear dressing contains medication to prevent infections, and some patients may develop a skin reaction due to the ear dressing. A reaction may cause the ear to become itchy or swollen. Additionally, the graft may fail, and the perforation remains. The hearing may not improve after the Myringoplasty.

## What will happen if I decide not to have the operation?

If you decide not to have the operation, you will continue to have ear infections, and your hearing may get worse. You will not be able to go swimming and will need to avoid getting water in your ear to reduce infections.

## What happens next?

Your hearing will be retested when the ear drum has healed. This can take several months. If the ear discharges, please ask for an antibiotic spray or drops from your GP. If this does not settle the ear, please contact the hospital to have your outpatient appointment brought forward.

## What should I do if I am worried?

If you have any worries about the state of your ear, the wound or the effects of the medication, please telephone the ward where you were a patient for advice from the nursing staff.

## Pre-operative and post-operative advice

### Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. It is advisable not to smoke for several days before the operation. Please make an up-to-date list of medications. If you have been given the consent form, bring this with you but do not sign it. Write down any questions and concerns you may have. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation.

### Post-operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you are

informed that you will need an overnight stay you will be transferred to an inpatient ward. You will normally be discharged 4 hours after your operation however, you must achieve some set goals before you can leave, such as being able to eat and drink and getting out of bed.

It is very important to keep the ear dry following your procedure. When showering or bathing, you will need to insert some cotton wool smeared with Vaseline into your ear. After washing, remove the Vaseline plug and throw it away. You need to replace it with a clean cotton wool plug every time you bath/shower.

Pain or discomfort tends to be mild following the procedure and should ease over the first few days. You may be given pain relief by the nurse to take home, and they will advise how to take your medication. To be more comfortable, avoid lying on the affected side.

If you have packing in your ear canal and it becomes dislodged, do not pull or push it, instead use some clean scissors and cut off the end of the dressing where it is sticking out of your ear. You will have more than one piece of packing in your ear so please do not worry.

Avoid straining or lifting anything heavy for the first few weeks following your surgery.

Do not blow your nose violently as this could damage the wound. Instead, gently clear one nostril and then the other. Try to sneeze with your mouth open to minimise the pressure.

Any dizziness should pass in the first few days however if it persists, gets worse or you are feeling sick, please contact your GP or call the ward on the number below.

Your ear might feel numb following the operation and this is normal. It will slowly improve and should resolve completely in time. It is also normal to have a pressure sensation or feeling of fullness within the ear. You may also hear a variety of cracking or popping noises, but this is normal and will settle.

If the wound becomes painful, red, inflamed or starts to discharge, or you experience weakness on one side of your face, or fever, please call Ward 3 if you are an adult patient ,or Ward 8 for paediatric patients. Telephone **01772 716565** and the switchboard can put you through.

You will receive an appointment for a follow up appointment with the surgeon for removal of the pack from your ear. This will be done in the ENT outpatient department.

## **Frequently asked questions?**

### **When can I fly or swim following my procedure?**

You are not allowed to fly, dive or swim for 6-8 weeks after surgery.

### **Why do I have a metallic taste in my mouth?**

If you have a metallic taste in your mouth, do not worry as it is quite common following ear surgery. The taste nerve runs close to the eardrum and may become bruised or damaged. This can cause abnormal taste on one side of the tongue. This is usually temporary, but it can sometimes be permanent.

## Can I change my mind if I have already agreed to surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

## How long will I need off work/school following my operation?

You will need to take 2 weeks off school or work to allow time for healing. If you need a 'Fit Note', please speak to the nursing team before you leave the ward. If you do forget you can also ask your GP.

## Contact details

Should you require further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164** and for post operative concerns following your procedure contact Ward 3 for adults or Ward 8 for children via the switchboard on **01772 716565**.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.entuk.org](http://www.entuk.org)

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**Please ask a member of staff if you would like help in understanding this information.  
This information can be made available in large print, audio, Braille and in other languages.**

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