

# Tympanoplasty

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## About Tympanoplasty

You have been recommended by your surgeon to have a tympanoplasty to repair a hole (perforation) in the ear.

The benefits of closing a perforation include prevention of water entering the middle ear while showering, bathing or swimming (which could cause ear infection).

It can be done as part of a mastoid operation.

Repairing the eardrum alone rarely leads to great improvement in hearing.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

## How does the ear work?

The ear consists of the outer, middle and inner ear.

Sound travels through the outer ear and reaches the eardrum, causing it to vibrate.

The vibration is transmitted through three tiny bones (ossicles) in the middle ear.

The vibration then enters the inner ear where the nerve cells are.

The nerve cells within the inner ear are stimulated to produce nerve signals.

These nerve signals are carried to the brain, where they are interpreted as sound.

## Contact the ward

If you have any worries at all about your surgery please phone Sanderson Suite on 01744 646098 or 4B ward on 0151 430 1637 for advice from the nursing staff.

Please do not return to the ward before seeking advice from a member of nursing staff.

## Other useful organisations:

<http://www.patient.co.uk/>

<http://www.nhsdirect.nhs.uk/index.asp>

<http://www.patientsupport.org.uk/>

If you have any questions please speak to a member of the nursing team.

## Resuming normal activities including work

You may need to take one to two weeks off work.

## Special measures after the procedure

You should keep the ear dry and avoid blowing your nose too vigorously.

Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair.

If the ear becomes more painful or swollen then you should consult your GP.

## Check-ups and results

You will receive an appointment to return to the clinic two weeks following surgery to remove the packing and check your ear.

The appointment will either be given to you before discharge or posted to you.

We will see you again at eight weeks following surgery where we will check your ear and perform an audiogram; any further treatments will be discussed then.

## What is a hole in the eardrum?

A perforation can be caused by infection or injury to the eardrum.

Quite often a hole in the eardrum may heal itself.

Sometimes it does not cause any problem.

A hole in the eardrum may, however, cause a discharge from the ear.

If the hole in the eardrum is large, then the hearing may be reduced.

## How is the condition diagnosed?

The hole in the eardrum can be identified using a special instrument called an auriscope. You will need an examination by an otolaryngologist (ear, nose and throat specialist) to rule out any hidden infection behind the perforation.

The amount of hearing loss can be determined only by careful hearing tests. A severe hearing loss usually means that the ossicles are not working properly, or the inner ear is damaged.

## How can a hole in the eardrum be treated?

If the hole in the eardrum has only just occurred, no treatment may be required.

The eardrum may simply heal itself. If an infection is present you may need antibiotics.

You should avoid getting water in the ear.

A hole in the eardrum that is not causing any problems can be left alone. If the hole in the eardrum is causing discharge or deafness, or if you wish to swim, it may be sensible to have the hole repaired.

The operation is called a “cartilage tympanoplasty”. You should discuss with your surgeon whether to wait and see what happens, or have surgery now.

### **Intended benefits**

Reconstruct the ear drum.

### **Who will perform my procedure?**

This procedure will be performed by an ENT surgeon with appropriate experience.

Most people who have this type of procedure will be discharged on the same day.

Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

### **During the operation**

Surgery is usually performed via the ear canal. Occasionally, a cut is made behind the ear or above the ear opening. The material used to patch the eardrum is taken from under the skin.

This eardrum “graft” is placed against the eardrum. Dressings are placed in the ear canal.

You may have an external dressing and a head bandage for a few hours. Occasionally, your surgeon may need to widen the ear canal with a drill to get to the perforation.

### **How successful is the operation?**

The operation can successfully close a small hole in nine out of ten cases.

### **After the operation**

The ear may ache a little but this can be controlled with painkillers provided by the hospital. There may be a small amount of discharge from the ear canal. This usually comes from the ear dressings. Some of the packing may fall out. If this occurs there is no cause for concern. It is sensible to trim the loose end of packaging with scissors and leave the rest in place.

### **Getting about after the procedure**

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

### **Leaving hospital**

You will usually go home the day of the operation or sometimes the day after the operation, after the head bandage has been removed.