



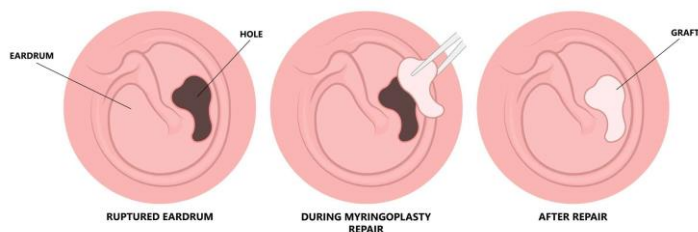
Tympanoplasty

Post-operative instructions

Dr Andrew Simonsen, DO

Dr Angela Black, MD

Dr Steven Andreoli, MD



A **perforation** is a hole or tear in the eardrum. While this doesn't usually cause complete hearing loss, it can significantly reduce your hearing, especially depending on: The **size and location** of the hole and if the **ossicles** (the small bones in the middle ear that help with hearing) are also damaged. In many cases, small eardrum perforations will heal on their own. However, if the hole has been present for several months, it may not close without surgical treatment.

The primary surgery to fix a perforated eardrum is called a **tympanoplasty**. In some cases, this surgery may be combined with: **Ossiculoplasty** (repair or replacement of the small bones in the middle ear) or Mastoidectomy (clearing infection from the bone behind the ear)

Your ENT surgeon will determine the best approach based on your ear's condition.

What Happens During Tympanoplasty?

Tympanoplasty is a **microsurgical procedure** performed under general anesthesia. Your surgeon will use a **graft** to repair the hole, typically using tissue from behind or in front of your ear (such as the tragus). The surgery may be done **through the ear canal** or through an **incision behind the ear**, depending on your ear anatomy and the location of the perforation.

What Happens During Ossiculoplasty?

If the bones of your middle ear (ossicles) are damaged or not functioning properly, your surgeon may perform an **ossiculoplasty**. This involves repairing or replacing the small bones to help restore hearing. Sometimes performed **at the same time as tympanoplasty** or done as a **separate procedure** later.

Tympanoplasty is generally a safe and successful procedure. However, as with any surgery, there are some risks you should be aware of:

Common Risks

- **Graft Failure:** The most common complication is that the graft used to repair the eardrum doesn't fully heal, leaving the hole open. If this happens, a second surgery may be needed.
- **No Change in Hearing:** Although hearing often improves, sometimes there is **no improvement**, especially if the ear bones are damaged.

- **Persistent Hole:** In some cases, the hole in the eardrum doesn't fully close. This is more likely in younger children or if the ear is infected.

Less Common Risks

- **Infection:** Rare, but if it occurs, it can affect healing and the success of the repair.
- **Dizziness:** Temporary and usually resolves in a few days.
- **Tinnitus (ringing in the ear):** May occur after surgery due to changes in hearing.
- **Temporary Taste Changes:** A small nerve that affects taste runs near the surgical site. If disturbed, you may notice a **metallic taste** that usually goes away over time.
- **Cholesteatoma:** A rare skin cyst that can form in the ear after surgery. If this occurs, further surgery may be needed.

Rare but Serious Risks

- **Facial Weakness or Paralysis:** Extremely rare. The nerve controlling facial movement runs near the middle ear and could be affected.
- **Hearing Loss:** Rarely, hearing may worsen or, in very rare cases, be completely lost in the operated ear.
- **Numbness or Ear Shape Changes:** If an incision is made behind your ear, you may feel numbness or notice that your ear sticks out slightly. These usually resolve over time.

Anesthesia Risks- As with any surgery, there are risks from general anesthesia, including allergic reactions, breathing problems, and in very rare cases, serious complications. Your anesthesiologist will discuss these risks with you before surgery.

General post-operative care and Instructions

- You may have a plastic cover over your ear after surgery (called a Glasscock dressing). Please keep this on for 1 night after surgery. If you have cotton in the ear it is ok to remove and replace it if it is soiled.
- **Activity:** Light activity for one to two weeks is recommended after your ear surgery. Please avoid blowing your nose for one month after surgery. If you must sneeze, please do not close off your nose while sneezing. This may dislodge the new graft.
- **Diet:** You can eat a diet as you tolerate after your ear surgery.
- **Medicine:** A mild-moderate amount of discomfort is to be expected after surgery. You can take Acetaminophen (Tylenol®) and Ibuprofen (Advil® or Motrin®) alternating every 3 hours as needed after surgery.
- **Bathing:** Generally, you may shower 24 hours after the dressing is removed. We do request you keep the ear dry for 4-6 weeks after surgery or until you are instructed otherwise. During shower, you can fill the inside of the ear with a cotton ball lightly coated with Vaseline to keep water out. **No swimming** until cleared by surgeon.
- **Follow-up:** You will be asked to return to our office 2-4 weeks after surgery. If at any time during your care you have questions or concerns, please call us at 904-398-5437

A Division of Florida Pediatric Associates, LLP

10475 Centurion Parkway N., Suite 302, Jacksonville, Florida 32256

904-398-KIDS (5437) FAX 904-398-3077

WWW.ENTFORKIDS.COM Updated 7/25 AB