

Tympanoplasty

Information Brochure

Please keep this as a reference for after surgery

Indications:

The tympanic membrane, or ear drum, is made of tissue similar to skin and can be easily damaged or perforated by injury or infection. Minor eardrum perforations often do not need any treatment, as the hole will close by itself within a few days. Medication or ear drops may help clear lingering infections before the hole closes itself. If the perforation persists for more than three months without a corresponding infection, surgical treatment may be necessary.

Tympanoplasty is a reconstructive procedure performed to repair the tympanic membrane or ossicles and, in some cases, help restore hearing, and prevent middle ear infections. Your doctor will decide whether or not surgery is the right choice for you based on an evaluation of your age, history of infections, overall health and other factors.

Surgery:

During the tympanoplasty procedure, the tympanic membrane is repaired with a thin graft of tissue called fascia or perichondrium, most taken from the deep tissues behind the ear. The repair is done through the ear canal or an incision behind the ear. The normal skin of the tympanic membrane will grow across the graft over several weeks.

This procedure usually takes one to two hours to perform and is usually performed under general anesthesia. It is almost always done at a surgery center with discharge a few hours after the procedure.

Risks and Complications:

While tympanoplasty is considered a safe and effective procedure for perforated eardrums, there are certain risks and complications associated with this type of surgical procedure. Some of these may include infection, dizziness, hearing loss, facial nerve injury and others.

Immediately After Surgery:

After tympanoplasty, patients will likely experience ear pain, soreness and drainage from the ear for the first few days. These symptoms usually go away on their own within a few days, and can be managed with pain medication from your doctor if needed.

If there is a pressure dressing in place it can be removed the day after surgery. If desired, the gauze protecting the ear can be replaced and the pressure dressing reapplied with the Velcro straps.

- If the surgery involves making an incision behind the ear, a drain could be in place. An appointment will be made to remove it the day following surgery.
- The cotton ball in the outer ear canal can be changed daily or as necessary. Before showering, coat the outer aspect of the cotton ball with Vaseline.
- Do not allow the ear to get wet or water to get in the ear canal.

- Do not remove any packing in the ear canal. This packing is not cotton or gauze, but a gel-like substance that will dissolve when you start using antibiotic drops after the first post-operative appointment.
- Dermabond covers the incision behind the ear and does not need to be protected with Vaseline.

It is important to keep the ear clean and dry after surgery to reduce the risk of infection and promote proper healing. A cotton ball should be kept in the ear canal and changed regularly. You will be provided with specific post-operative instructions to ensure that the ear heals quickly with no complications. Patients may experience improvement in hearing sensitivity and other symptoms after the tympanoplasty procedure.

In the Weeks/Months After Surgery:

The initial follow-up appointment will be in 2 weeks after surgery for removal of packing and possible tympanic membrane (eardrum) testing. Post-operative hearing tests will be repeated in 2-4 weeks to identify if hearing has improved.

If you have any questions or problems, please call the office at (806) 791-0188.