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## **Patient Information Sheet**

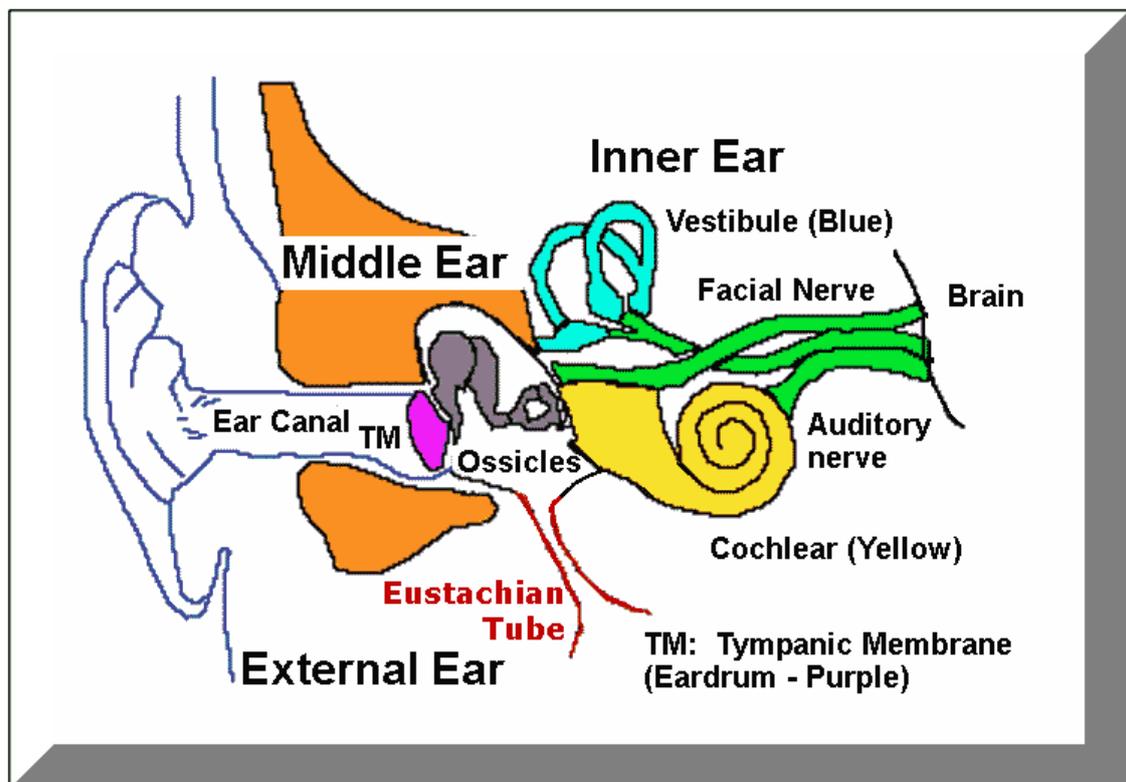
# **Myringoplasty / Ossiculoplasty**

**For further information please contact**

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## What are the Parts of the Ear?

The ear is formed of 3 parts. The outer ear is formed of the pinna or auricle (the visible part of the ear) and the ear canal with ends in the ear drum (tympanic membrane). The middle ear is the room next to the outer ear and has three small bones (ossicles) that transmit sound to the inner ear. The inner ear has the organs responsible for hearing and balance and connects to the brain through the nerve of hearing and balance.



## **The Middle Ear:**

Several important things are in the middle ear:

**The hearing mechanism** – the three small bones that conduct sound into the inner ear are suspended in the middle ear and mastoid.

**The inner ear and balance organ** – are in dense bone in the wall of the mastoid.

**The facial nerve** – this nerve controls the muscles on the same side of the face that make all the facial expressions. The nerve lies usually in a bony canal that crosses the middle ear and mastoid.

## **What is a Perforation?**

A perforation of the ear drum is a hole through the ear drum into the middle ear. A perforation may be caused by a severe ear infection bursting the ear drum or an injury to the ear. It sometimes allows water to get into the middle ear which may cause infections.

### *What are the Symptoms?*

You may suffer from a discharge from the ear, a reduction in your hearing and occasionally, pain.

### ***How is it Treated?***

Your doctor may prescribe antibiotic ear drops to treat the ear infection. An operation to repair the hole in the ear drum may be necessary. This operation is called a **myringoplasty**.

### **What is Ossicular Disconnection?**

Ossicular disconnection is the name given to the condition when the ossicles are damaged.

### ***What are the symptoms?***

In most cases this causes a persistent hearing loss. You may also occasionally have tinnitus and/or feel dizzy.

### ***How is it treated?***

You may need a hearing aid or an operation to repair the chain of bones. The operation is called an **ossiculoplasty**.

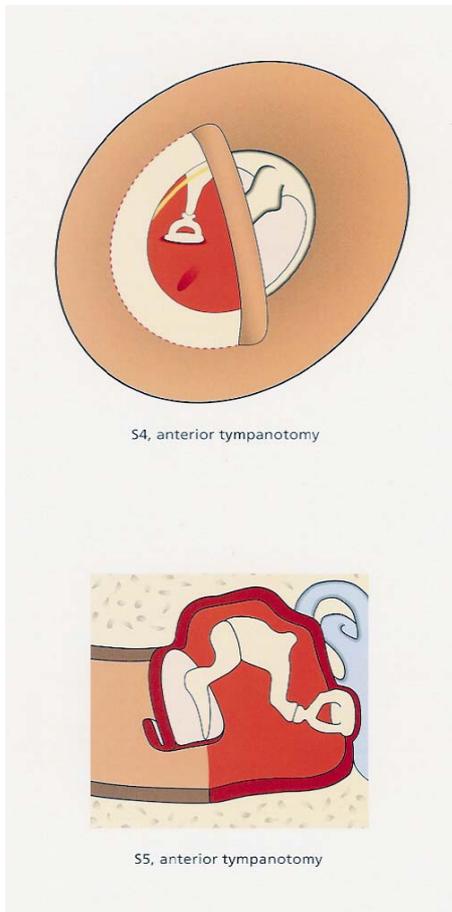
## **What Happens Before the Operation?**

Your consultant will explain the operation in more detail, discuss any worries you may have and ask you to sign a consent form. You may be asked to attend a clinic to assess your fitness for a general anaesthetic. Before the operation, you should not have anything to eat or drink for the time mentioned in the letter you receive from the hospital. It is important to follow these instructions otherwise operation may need to be delayed or even cancelled. An anaesthetist will also visit you on the day of the surgery to explain about the anaesthetic.

## What About The Operation?

This operation is usually carried out under general anaesthetic and can last 1-2 hours.

A cut may be necessary in the skin behind or above the ear.



The ear drum usually has to be peeled back to gain access to the middle ear and undersurface of the ear drum.

A 'graft' (fibrous tissue) is taken from the surface of a muscle under the skin just above the ear. This graft is laid under the ear drum and held in place by packing. If repair of the bones is necessary, a piece of artificial bone is used to bridge the gap.

## **What Happens After The Operation?**

A head bandage may be used and it will be removed the morning after surgery

Any stitches that need to come out will be removed after a week.

A dressing will be left in the ear canal for two to three weeks.

You will be able to go home on the same day or the day after the operation, but you will need to rest at home for about two weeks.

An outpatient appointment will be sent to you in the post to see your surgeon after your operation.

## **What symptoms can I Expect After the Operation?**

### **Pain**

A headache around the ear is normal and you will need pain relief for up to 2 weeks. This will be supplied to you on leaving hospital.

### **Discharge** from the ear canal

Some discharge, often blood stained, is common in the first few days but then dries up.

### **Hearing**

This will be muffled because of the packing in the ear and tinnitus is sometimes worsened temporarily.

### **Balance**

This is sometimes disturbed but only for a few days.

### **The ear**

This may stick out a little more and will also feel numb for a few weeks.

## **What Are the Post-Operative Instructions?**

You are advised to stay off work or school for 2 weeks.

Keep the ear and scar dry when washing. Cotton wool smeared in Vaseline is an effective ear plug. Avoid swimming until given the all clear.

Change the cotton wool in the ear if it becomes dirty but be careful not to pull the dressing out with it – get someone to help. If some of the dressing is pulled out cut off the bit hanging out.

Minimise pressure changes in the ear - avoid vigorous nose blowing, sneeze with mouth open and don't fly.

Complete any course of antibiotics you are given.

## **Are there any Complications?**

**Failure of operation** – placing a graft under the ear drum relies on it being incorporated into the body. Sometimes this does not happen and the repair fails leaving a persisting hole in the ear drum. The operation can be repeated if necessary. Repairing the three bones of the hearing mechanism may be unsuccessful leaving a persisting hearing loss. A hearing aid may still be considered.

**Hearing** – some hearing loss may occur from the disturbance to the bones of hearing in the middle ear. Very rarely, disturbance to the inner ear can cause complete deafness that is irreversible (only on the operated side). Tinnitus occasionally is worsened by the operation.

**Balance disturbance** – immediately after the operation some unsteadiness may occur. Persisting dizziness is rare.

**Infection** – can occur at the site of the skin cut or in the middle ear causing increased pain, discharge, swelling and fever; seek attention if you are concerned this may be developing.

**Taste disturbance** – occasionally this is noticed usually only temporarily.

**Facial weakness** – disturbance to the facial nerve occurs extremely rarely in this type of surgery and would cause weakness of the muscles of the face on the side of the operation. It may be either temporary or permanent.

### **Any Further Questions?**

The team involved in your care have written this information sheet to make your admission and care as smooth as possible. However, it does not cover every aspect of your care and the staff will always be happy to answer any other questions or points of concern. If you have any questions about this operation, please record them below (to ensure you do not forget them) and ask them at your next ENT appointment. Alternatively you may contact your Consultant via his/her secretary.