



## Operation Information

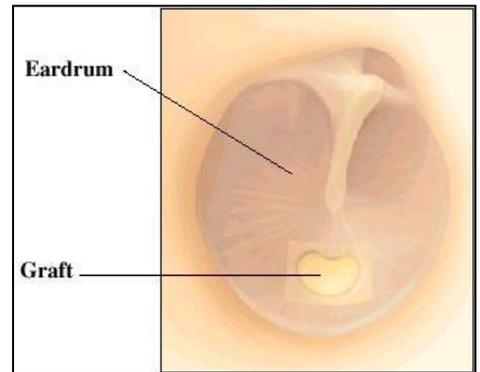
### Tympanoplasty

#### Introduction

Tympanoplasty is a safe and effective operation used to both eradicate disease (e.g. inflamed granulation tissue and cholesteatoma) from the middle ear, and restore hearing and middle ear function. It is an operation for repairing the perforated eardrum (myringoplasty) with/without reconstruction of the ossicular chain (ossiculoplasty).

#### Indications

1. Persistent perforated eardrum which is not healed with non-surgical treatment
2. Chronic middle ear infection which cannot be treated with antibiotics
3. Conductive hearing loss



Source: <http://www.stjohnprovidence.org/HealthInfoLib/SwArticle.aspx?3.83600>

#### Outcomes

This operation is to repair the hearing mechanism in the middle ear which can control or prevent ear infections and improve the function of hearing.

#### Procedures

1. The operation can be performed under general or local anaesthesia.
2. The skin incision is made either at the back, in front of, or above the ear.
3. A piece of fascia is harvested and used to repair the eardrum. Any ossicular chain lesion may also be corrected at the same time.
4. A pressure dressing with a head bandage may be applied after the operation.

#### Possible Risks and Complications

1. Common risks and complications ( $\geq 1\%$ )
  - i) Allergic reaction to ear-packing
  - ii) Infection
  - iii) Bleeding
  - iv) Loss of taste sensation
  - v) Vertigo
  - vi) Recurrence of ear infection
  - vii) There is still a chance of incomplete relief of symptoms and recurrence
2. Uncommon risks with serious consequences ( $< 1\%$ )
  - i) Hearing impairment, total deafness can occur in rare occasions
  - ii) Facial nerve damage
  - iii) Death due to serious surgical complications

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Various tests of hearing, such as an audiogram, CT or MRI scan may be required.
4. Routine tests such as blood tests, ECG, and X-ray may be performed.
5. Shaving of hair around the ear may be necessary.
6. No food or drink six hours before the operation if it will be performed under general anaesthesia.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

#### **Wound Care**

1. The ear and suture line should be kept clean and dry.
2. You may have pain or a blocking sensation in the ear.
3. You will have a dressing inside the ear. Please do not remove it by yourself. Your doctor will change or take off the dressing at follow-up.
4. Some discharge from the ear is normal. Gently wipe away any discharge outside the ear.
5. Please do not let water get into the ear.
6. The sutures will be removed in 5-7 days.

#### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

### **Advice on Discharge**

1. Please comply with the medication regime as prescribed by your doctor. You will be given some ear drops to use at the wound.
2. You are advised to stay out of work or school and rest for a few days.
3. Avoid swimming, rigorous activities, contact sports and lifting heavy weights until further advised by your doctor.
4. Avoid blowing your nose too vigorously or sneezing violently. Sneeze with your mouth open.
5. Avoid travel by plane as the abrupt change in air pressure may rupture the newly repaired eardrum.
6. Avoid sudden head movements.
7. Immediately consult your doctor or return to hospital for professional attention in the event of severe pain, purulent discharge or excessive bleeding from the incision site or inside the ear, dizziness, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
8. Any follow-up consultations should be attended as scheduled.

## **Alternative Treatments**

1. Eardrops or systemic antibiotics
2. Hearing aid

## **Consequences of No Treatment**

1. Recurrent infection and ear discharge with rare but serious complications
2. Hearing impairment

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification