

## Tympanoplasty/ Myringoplasty in Children

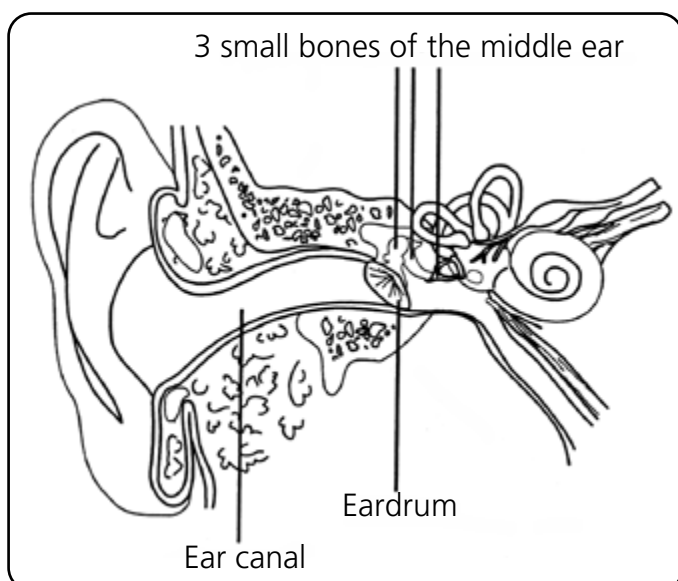
### Introduction

The following booklet aims to give you an idea of what will happen to your child and how long you and your child can expect to be in hospital.

### What is a tympanoplasty/ myringoplasty?

Tympanoplasty/myringoplasty is an operation to patch (graft) a hole in the eardrum. An operation simply to repair a hole in the eardrum is called a myringoplasty. A tympanoplasty is an operation which involves surgery to the small bones of the middle ear with or without repairing the hole in the eardrum. The terms are often used interchangeably.

There are two reasons for performing a tympanoplasty. The first is to try and correct certain types of deafness and the second is to prevent infections getting into the middle ear from outside.



### Why do I need an operation?

The deafness would persist and the risk of introducing middle ear infection would remain.

### What happens before the operation?

The leaflet '*Your Child's General Anaesthetic*' will explain what will happen before the operation

### The operation itself

#### What happens during the operation?

Whilst your child is asleep in theatre, the surgeon will make a small incision (cut) behind or in front of the ear to obtain a satisfactory view of the area. Occasionally it is possible to do the operation through the ear canal. An artificial bone, or possibly your bone or cartilage, may be used to improve hearing. The eardrum is usually grafted with tissue taken from the muscle covering on or around the ear. The perforation (hole) in the eardrum is prepared for the graft under an operating microscope. The graft is then carefully placed in position using very fine instruments. A dressing may then be placed in the ear canal to add stability to the graft and to help prevent bleeding.

If a dressing is used, it may stay in the ear anything from between 1-6 weeks. The stitches may be made of vicryl which is a dissolvable material so they will not require removal. However, if a different stitch material is used, you may be asked to see the practice nurse at your GP surgery for stitch removal, or an appointment can be made for you to return to the ward.

# After the operation

## What happens after the operation?

- Immediately after your child's operation, he/she will wake up in the recovery room with a nurse looking after him/her. The nurse will make sure that your child is comfortable and not in pain.
- Your child will be able to drink and eat as soon as they feel like it once they get back to the ward.
- Your child may feel a little giddy. This is usual post-ear surgery and may cause your child to feel nauseous. The nurse can give medication if this happens.
- The small plastic tube cannula in your child's hand will need to stay in until your child is drinking and eating and not feeling nauseous.
- If your child has a dressing in their ear, they may experience a slight ooze of blood stained fluid. This is quite normal, and if required a dressing can be placed over the ear to make them feel more comfortable.
- If the surgery involves making an incision either behind or in front of the ear, your child may wake up with a 'pressure' bandage over their ear and around their head. This will normally stay in place for 12-24 hours after the surgery.
- Your child will be offered regular painkillers as they may have a sore throat and, occasionally, earache after the surgery.

## The day after the operation

### When can your child go home?

- Your child be seen by the doctors on the ward round the morning after the operation. This is when you can discuss your child's. If they are wearing a head bandage, the doctor will ask a nurse to remove it. Your child will probably be able to go home after seeing the doctors in the morning.
- You may be given medication to take home with you for your child. Please follow the instructions on the bottle.

- A letter will be sent to your child's GP so that he is aware of their operation.
- Gentle nose blowing is allowed. Your child should also avoid flying in aircraft for one month following surgery.
- On discharge from the ward, you will be told approximately when your child's outpatient appointment will be, but the actual date will be posted to you.
- If your child needs to return to have their ear dressing removed or stitches out, an appointment will be arranged by one of the nurses before you leave the ward. This will be either in Bramble Day Care or ENT Outpatients.
- If your child experiences any problems with regard to their surgery, you can telephone Bramble Ward on 01392 402681 for advice, or contact your child's GP.

We expect your child to make a speedy recovery after their operation and to experience no serious problems. However, it is important you should know about minor problems which are common after this operation and also about more serious problems which can occasionally occur. The next section 'What problems can occur after surgery?' describe these and we would particularly ask you to read this.

## What problems can occur after surgery?

- There is a natural failure rate for surgery to repair a perforation of the eardrum. A small to moderate perforation, which is infection free, has approximately a 75-90% chance of the graft healing completely.
- Deafness occurs in a very small number of cases (less than 1%). It is a risk which is present in all middle ear surgery. Giddiness is usually very slight or absent.
- Infection, causing earache and discharge, rarely occurs. However, it is one of the main causes of failure of these operations.
- Bleeding can occur, but this is a rare complication. Discomfort can be treated with painkillers.

## What are the benefits of surgery?

The benefits include the prevention of earache and discharge and possibly improvement of hearing.

## Are there any alternatives to surgery?

- Keep the ear dry by preventing water entering the ear.
- Treat ear infections and earache.
- Use of an in-ear hearing aid or bone anchored hearing aid (BAHA) if required. Introduction

This information can be offered in other formats on request, including a language other than English and Braille.

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