Contact Numbers

If you have any concerns or queries regarding your surgery or follow up: please contact the ward that you had your surgery on:

St Helens	Sanderson Suite 01744 646098
Whiston	Ward 4B on 0151 430 1637
Southport	Via switchboard on 01704 547 471
Ormskirk	Via switchboard on 01695 577 111

In the event of an emergency please attend your local Accident and Emergency Department

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

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Mersey and West Lancashire Teaching Hospitals
NHS Trust

Tympanoplasty

Discharge Information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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About Tympanoplasty

You have been recommended by your surgeon to have a tympanoplasty to repair a hole (perforation) in the ear. The benefits of closing a perforation include prevention of water entering the middle ear while showering, bathing or swimming (which could cause ear infection). It can be done as part of a mastoid operation.

Repairing the eardrum alone rarely leads to great improvement in hearing.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

How does the ear work?

The ear consists of the outer, middle and inner ear. Sound travels through the outer ear and reaches the eardrum, causing it to vibrate. The vibration is transmitted through three tiny bones (ossicles) in the middle ear.

The vibration then enters the inner ear where the nerve cells are. The nerve cells within the inner ear are stimulated to produce nerve signals. These nerve signals are carried to the brain, where they are interpreted as sound.

Check-ups and results

You will receive an appointment to return to the clinic two weeks following surgery to remove the packing and check your ear. The appointment will either be given to you before discharge or posted to you.

We will see you again at eight weeks following surgery where we will check your ear and perform an audiogram; any further treatments will be discussed then.

Follow up

If you have an external dressing or splint on your nose you will be asked to attend the Ear, Nose and Throat (ENT) Outpatient clinic after around one week to have this removed. You may be given an outpatient appointment before you leave hospital or this may be posted to you.

- Do not blow your nose violently as this could damage the wound. Instead, gently clear one nostril and then the other. Try to sneeze with your mouth open to minimise the pressure. Any dizziness should pass in the first few days however if it persists, gets worse or you are feeling sick, please contact your GP or call the ward on the number below.

- Your ear might feel numb following the operation and this is normal. It will slowly improve and should resolve completely in time. It is also normal to have a pressure sensation or feeling of fullness within the ear.

- You may also hear a variety of cracking or popping noises, but this is normal and will settle. If the wound becomes painful, red, inflamed or starts to discharge, or you experience weakness on one side of your face, or fever.

Resuming normal activities including work

You may need to take one to two weeks off work.

Special measures after the procedure

You should keep the ear dry and avoid blowing your nose too vigorously.

Plug the ear with a cotton wool ball coated with Vaseline when you are having a shower or washing your hair.

If the ear becomes more painful or swollen then you should consult your GP.

What is a hole in the eardrum?

A perforation can be caused by infection or injury to the eardrum. Quite often a hole in the eardrum may heal itself. Sometimes it does not cause any problem. A hole in the eardrum may, however, cause a discharge from the ear. If the hole in the eardrum is large, then the hearing may be reduced.

How is the condition diagnosed?

The hole in the eardrum can be identified using a special instrument called an auriscope. You will need an examination by an otolaryngologist (ear, nose and throat specialist) to rule out any hidden infection behind the perforation.

The amount of hearing loss can be determined only by careful hearing tests. A severe hearing loss usually means that the ossicles are not working properly, or the inner ear is damaged.

How can a hole in the eardrum be treated?

If the hole in the eardrum has only just occurred, no treatment may be required. The eardrum may simply heal itself. If an infection is present you may need antibiotics. You should avoid getting water in the ear.

A hole in the eardrum that is not causing any problems can be left alone. If the hole in the eardrum is causing discharge or deafness, or if you wish to swim, it may be sensible to have the hole repaired. The operation is called a “cartilage tympanoplasty”. You should discuss with your surgeon whether to wait and see what happens, or have surgery now.

Intended benefits

Reconstruct the ear drum.

Who will perform my procedure?

This procedure will be performed by an ENT surgeon with appropriate experience. Most people who have this type of procedure will be discharged on the same day. Sometimes we can predict whether you will need to stay for longer than usual -your doctor will discuss this with you before you decide to have the procedure.

During the operation

Surgery is usually performed via the ear canal. Occasionally, a cut is made behind the ear or above the ear opening. The material used to patch the eardrum is taken from under the skin. This eardrum “graft" is placed against the eardrum. Dressings are placed in the ear canal.

You may have an external dressing and a head bandage for a few hours. Occasionally, your surgeon may need to widen the ear canal with a drill to get to the perforation.

How successful is the operation?

The operation can successfully close a small hole in nine out of ten cases.

After the operation

- The ear may ache a little but this can be controlled with painkillers provided by the hospital.
- There may be a small amount of discharge from the ear canal. This usually comes from the ear dressings.
- It is very important to keep the ear dry following your procedure. When showering or bathing, you will need to insert some cotton wool smeared with Vaseline into your ear. After washing, remove the Vaseline plug and throw it away. You need to replace it with a clean cotton wool plug every time you bath/shower.
- To be more comfortable, avoid lying on the affected side. You will have stitches following the operation, but these will dissolve after a few weeks. If you have packing in your ear canal and it becomes dislodged, do not pull or push it, instead use some clean scissors and cut off the end of the dressing where it is sticking out of your ear. You will have more than one piece of packing in your ear so please do not worry. Avoid straining or lifting anything heavy for the first few weeks following your surgery.