

Patient Information Leaflet on Myringoplasty



A. General Information

1. Introduction

a) What is Myringoplasty ?

Myringoplasty refers to closure of a perforated ear drum.

b) Why would I need a myringoplasty ?

- To reduce the infections of the ear
- To improve hearing
- To reduce the tinnitus

c)How Myringoplasty is performed ?

A myringoplasty is usually done under general anaesthesia. The perforated ear-drum can be approached directly through the ear canal or via skin incisions behind or in front of the pinna. Tissue graft, usually temporalis fascia, is taken from an incision above the ear. Other tissue graft material sometimes used is perichondrium, fat or cartilage. Defect in the ear drum is then closed with the graft. The ear canal will then be packed with materials.

2. Advantages of the surgery

The surgery is mainly to reduce to infections of the middle ear and subsequently improve the hearing.

3. Risks of surgery

In most surgeries, the procedure is uncomplicated. However, as with any other surgery, there is a small risk of complications :

- Facial nerve injury
- Hearing loss
- Bleeding
- Dizziness or vertigo
- Altered taste sensation
- Pain – this usually occurs after surgery
- Wound infection and breakdown. This can cause pain and discharge from the operative site
- Tinnitus
- Allergic reaction to the ear-pack causing pain and swelling of the ear

4. Are there any other options besides surgery?

Usually spontaneous closure of the ear drum is unlikely after a certain period of time. If the patient refuse surgery, he can follow-up and be treated for infections if there is any.

B. Before the surgery

1. Pre-admission clinic procedures

You will have been reviewed by the surgical team who will have confirmed the indication for the procedure, and briefed you on what it involves. Depending on your health and the complexity of your operation, you may be referred to the pre-anaesthetic clinic, so that any medical issues can be sorted out beforehand. Both surgical & anaesthetic teams will want accurate information on:

a. Details on your health

Important details to inform your doctors include whether you have any conditions like diabetes mellitus, hypertension, heart, lung or kidney disease, or have had any hospitalizations or operations in the past, as well as any complications that may have arisen. This would include any difficulties in childbirth, for women. Your doctors would also want to know about any conditions that run in the family.

b. Medications

Your doctors will want to have a complete list of all medications, including traditional/alternative medications/supplements that you are taking. It is important that you inform them of ALL medications that you are taking, as even supplements may interact with the drugs that are needed to perform the operation. Some may cause increased surgical complications such as bleeding or infection. You must also inform your doctors of any ALLERGIES , including to food

2. Preparing for admission

a. Advice prior to admission

It is advisable for you to be accompanied during the admission process. Ensure that you have all relevant documents with you (identity card/passport, guarantee letters - employers or insurers etc.), and sufficient funds for the deposit. If you have trouble walking long distances, it is advisable to bring/request a wheelchair.

b. Medications, fasting etc.

Your doctors will have told you if you need to stop certain medications before the operation, and when to do so. These would include blood-thinning medications like aspirin and warfarin. They will also advise when you should start fasting before the operation.

3. Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

C. Operation

1. Anaesthesia: refer to anesthesia leaflet

2. Surgery: Depending on the graft site and approach to the surgery, you might have scar above or behind the ears.

D. After the operation

a. Initial recovery: You may have some nausea, and/or sore throat after the operation. Your doctors will advise you when it is safe to start eating. In general, you will be asked to start with clear fluids, before progressing to nourishing fluids and foods. You might experience vertigo or dizziness.

b. Myringoplasty Care: The dressing is removed the day after surgery and the surgical site inspected. Usually a patient is discharged the following day with painkillers and antibiotics. In some centers, the procedure is done as a daycare procedure and the patient is discharged on the same day of surgery.

Keep your mouth open if you need to cough or sneeze. Avoid strenuous or sporting activity and avoid changes in atmospheric pressure example aeroplane flights or diving. Hair can be washed 48 hours after surgery but the ear canal and incision site must be kept dry. The ear can be kept dry with a cotton ball with Vaseline inserted into the canal. Swimming should be avoided for at least 4 weeks or until permitted by the doctor.

C. Home advice:

i. Supervision

You will be given a follow-up clinic appointment for one to two weeks following discharge. Should there be any concerns prior to that, contact your team

ii. Activity

Your doctors will guide you on suitable levels of activities during your recovery process. Most patients will be able to return to work after 1 week except patients with certain occupations which involved in lifting, carrying and bending may require additional 1-2 weeks off work

iii. Diet

There is no special restrictions on diet.

iv. Complications to watch out for at home

Call your doctor if you have any of the following symptoms:

- Greenish yellow discharge from the ear
- Dizziness or vertigo with nausea and vomiting
- Fever > 38oC, continuous headache
- Reduced hearing, even after the pack is removed
- Continuous ear pain
- Profuse ear discharge

E. Useful contact numbers