

About myringoplasty, ossiculoplasty and tympanoplasty

*This leaflet gives information about
three types of ear surgery.
Please ask staff if you have any questions.*

What are myringoplasty, ossiculoplasty and tympanoplasty?

A myringoplasty is an operation to close a hole in any part of the eardrum.

An ossiculoplasty is the reconstruction of the three bones in the middle ear.

A tympanoplasty is when both of these are done at the same time.

These operations are only done when there is no ear infection.

Why have a myringoplasty or ossiculoplasty?

The eardrum may need to be repaired if you keep getting middle ear infections and discharge from the ear. This is because germs may go through the hole and cause ear infection, especially if water gets into the ear. Reconstructing the middle ear bones may help with your hearing.

There are some risks in having these operations, although complications are rare. You should discuss them with your doctor when you visit the hospital and consider them before consenting for the operation.

How is the operation done?

A small cut in the skin in front or behind the ear is made. A small, thin piece of tissue, called a graft, is taken from this cut and used to seal the hole in your eardrum. The rest of the operation takes place through your ear passage.

The operation can take from 30 minutes to two hours depending on the size of the hole and which operation is being carried out.

Before your operation

Arrange for a couple of weeks off work and check that you have a relative / friend who can take you home and look after you for a few days after the operation.

We may ask you to attend the pre-assessment clinic, either on the day of your out-patient clinic appointment or following a telephone health questionnaire. This is to ensure that you are fit for your surgery.

Will I have to stay in hospital?

You will go home on the day of your operation, as long as the operation is straightforward and we think that your general state of health and home circumstances are suitable.

Ear dressings

The ear passage is filled with tiny pieces of an antiseptic gauze or a single gauze dressing. These stay in place for 2-3 weeks and are removed in the out-patient clinic.

You may also have a light dressing on the outer part of your ear, held in place by a head bandage. This is normally removed the morning after your operation.

A piece of cotton wool is placed in the outer part of your ear and you will need to change this every day.

Stitches

You may have stitches at the site of the cut. These can be removed at your GP surgery about 5-7 days after your operation. When showering and washing your hair take care not to get the ear or the wound wet as this can cause infection.

Will I be able to hear soon after the operation?

Your hearing will be muffled or you may have little useful hearing in that ear whilst the dressing is in.

You may notice a squelching, popping or buzzing noise in your ear. This is due to the dressing. It usually stops when the dressing is removed.

Does it hurt?

There may be some discomfort in your ear when you open and close your mouth or if you lie on that ear. You may have some soreness and swelling after the operation; the painkillers you have at home should help this.

If the ear becomes very painful, it may mean it is infected - you should see your GP.

Will I get dizziness or sickness?

You may get some dizziness for the first 24 hours after the operation. This can also occur if you turn your head quickly or suddenly bend down to pick things up - it soon settles.

You may also feel sick if you lift your head quickly. This usually settles by the next day and we can give you medicine to stop it.

How long will I be off work?

You will need to rest at home for at least a week. You may feel tired, but this will steadily improve. If you do any lifting and carrying at work, or your job requires a lot of bending and tipping of your head, you will need to take 2-3 weeks off work. Your nurse or doctor will advise you at pre-admission or before you leave hospital. If you need a sick certificate ask your nurse when you come in for your operation.

When will I be seen in the out-patient clinic?

You are usually sent an appointment 2-3 weeks after your operation.

After you leave hospital: looking after your ear

- Keep your ear and the wound dry. Take care when showering and washing your hair, to avoid infection. Place a piece of cotton wool covered in vaseline in the ear to prevent water getting into the ear. This also means you cannot go swimming until you have seen your doctor in the out-patient clinic.
- Change the cotton wool in your ear daily - always wash your hands before and after. Take care not to remove the ear dressing with the pack - if it sticks to the cotton wool then cut it close to the cotton wool, but do not pull the dressing out.

- Itchiness and redness is rare, and it may mean you are allergic to the dressing. If you experience it, contact the ward on the number at the end of the leaflet.

Things to avoid which can damage the graft and cause pain

- Avoid blowing your nose violently - blow it gently from side to side. If you need to sneeze, try to do so with your mouth open.
- Try to avoid contact with family and friends who have colds for the first month, as there is a risk that a cold could lead to an ear infection which would destroy the graft while it is healing. If you catch a cold you should go to your doctor.
- Until advised by the hospital, avoid changes in atmospheric pressure which cause your ear to 'pop' as this may damage the graft (eg. underground tunnels and aeroplanes).
- Avoid all strenuous sporting activities and straining until you have been seen in out-patients.
- Some patients get a metallic taste after these operations. This improves with time.
- A small amount of discharge is normal. If the discharge becomes smelly or heavily blood stained, or if you start to feel dizzy or have severe pain around the ear then contact the ward (on the number below).

If you are worried about your ear once you are at home, contact your GP; or the ward on the following number:

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this information, please ask a member of staff.**

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