



Pre-op/Post-op Teaching for Ear Drum Repair using Tympanoplasty, Myringoplasty, or Paper Patch

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Eardrum repair refers to the surgical closure of a perforated tympanic membrane (eardrum hole). This can be a small repair (paper patch or myringoplasty) or a bigger repair (tympanoplasty). Eardrum perforations result from chronic infection, trauma, or after ear tubes. Small perforations can heal spontaneously, but if the hole is large, natural healing may not happen.

The various surgeries include:

- Paper patch: a sterile piece of cigarette paper or surgical tape is used to patch small holes/holes after ear tube removal
- Myringoplasty: a small piece of fat (removed from the ear lobe of the same ear) is used to plug small to medium holes.
- Tympanoplasty: a flat sheet of tissue is used to patch large holes in a more extensive procedure.

The various surgeries in detail:

- Paper patch: Under general anesthesia, under microscopic control, the ear tube is removed (if present) and the hole roughened with micro-instruments to stimulate healing. A small, sterile paper patch is placed over the hole and sticks to the hole because of bleeding around the hole
- Myringoplasty: Under general anesthesia, under microscopic control, the hole is roughened with micro-instruments to stimulate healing. A small piece of fat (removed from the same-side ear lobe thru a small incision hidden behind the lobe) is placed in the hole. This piece of fat is supported with absorbable foam or film packing.
- Tympanoplasty: Under general anesthesia, under microscopic control, an incision is made into the ear canal to allow the eardrum to be raised away from its normal attachments. If the perforation is large or the hole is difficult to see, an incision behind the ear may be necessary as well. Once the perforation is fully exposed and raised, the middle ear and ear bones are inspected. The ear drum patch (graft) is prepared (from fascia or perichondrium) and absorbable gelatin micro-sponges (gelfoam) are placed under the eardrum to support the graft. The drum is laid down on top of the graft; gelfoam is placed on top of the drum/graft layer and in the ear canal. Any incisions outside the ear canal are closed with absorbing stitches. If the ear was opened from behind, a sterile "mastoid" dressing is placed on the outside of the ear.

Post Surgery Precautions/Restrictions/Activity:

For **30 days after** surgery:

- ✓ Blow your nose gently (not forcefully) and blow with both nostrils open. Encourage children to wipe rather than blow their noses. Blowing too hard can pop the graft off and ruin the repair.
- ✓ "Open mouth" sneezing only. This will prevent damage to your ear or mastoid bone.
- ✓ No swimming until Ok'd by Dr. Dodson. Water exposure can ruin your surgery. You must be very careful to keep water out of your ears when bathing or showering. Use antibiotic ointment-coated or Vaseline-coated cotton balls in the ear for all showering/bathing and try to keep the outside of the operated ear dry.
- ✓ No flying after surgery. Air pressure changes can pop the ears which can ruin a surgical repair.
- ✓ No lifting more than 30 lbs for 10 days after surgery. Increased blood pressure in the ear can cause bleeding and pain.
- ✓ Hearing Testing (Audiogram)-Hearing tests are required **BEFORE** and **AFTER** the surgical procedure.

*****No Aspirin/Ibuprofen before tympanoplasty. These thin your blood and make you bleed more at surgery. Stop them two weeks before your surgery. Restart after surgery whenever you want.**



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Recovery:

- Paper patch: nearly same day. Children can go back to school the day after surgery if feeling ok. Pain is minimal to not present. Use ibuprofen and/or Tylenol
- Myringoplasty: usually one day recovery. Children can go back to school 1-2 days after surgery day if feeling ok. Pain is minimal to moderate. Use ibuprofen and/or Tylenol or prescribed narcotic.
- Tympanoplasty: usually 3-5 recovery. Children or adult can go back to school or work 5-7 days after surgery day.

Someone must be with you/your child the first 12 hours after surgery. Surgery puts stress on your body, so during the first 48 hours post-op, you should be with someone with whom you are comfortable: a friend, spouse, or relative. Plan an enjoyable recovery time for yourself. Read a book you've wanted to read or rent movies, etc. Relax and take care of yourself- your body will help you heal. Naturally, children are most comfortable with a parent, so parents should plan to take at least one day off work. Take time to read a favorite book to your child or watch some movies.

Tympanoplasty dressing: You will take this off 24 hours after surgery if it was placed. Just cut the gauze with scissors to remove it from your head. If there's bleeding out your ear canal, place a Vaseline-coated cotton ball there. If bleeding behind the ear, place gauze or a bandaid.

Foods and drink: Drink plenty of fluids. After tympanoplasty, expect some discomfort with eating or chewing- start with soft foods or soups.

Post-op Medications: Pain medicine and anti-nausea medicine will be prescribed the day of surgery and should be taken as needed. Post-op antibiotic ear drops may be prescribed to dissolve ear packing and may be required for 4-8 weeks.

Possible Surgical Complications:

- ✓ Dizziness: Normal, for the first 4-6 hours after surgery. This is from the local anesthetic and will go away. Call the office if it continues.
- ✓ Bleeding: Normal during the first 1-2 days. Ear drainage is usually due to "old blood" draining during the first two to three days after surgery. If the bleeding continues for 4 or 5 days or becomes profuse, call the office for advice. Use a cotton ball coated with Vaseline to stop it.
- ✓ Residual perforation: Persistent perforation is a risk that increases with infection history, perforation size, and number of prior attempted repairs.
- ✓ Scarring: Can occur in middle ear and prevent perfect hearing results. This is highly variable.
- ✓ Hearing Loss: Surgery can worsen or permanently damage hearing.
- ✓ Loss of Taste: Surgery can temporarily or permanently alter sense of taste on one-half of the tongue.

Dr. Dodson can be reached by calling our office at 406-556-9798 or by calling the hospital operator at 585-5000. The hospital operator will reach Dr. Dodson or the doctor on call or they will put you in touch with the Emergency Room.