TYMPANOPLASTY WITH or WITHOUT OSSICULAR RECONSTRUCTION

Purpose
Tympanoplasty is an operation used to repair a hole in the eardrum and possibly reconstruct the earbones. The goal of the surgery is to recreate an intact eardrum and consequently improve hearing.

Procedure
Tympanoplasty is an operation done in a hospital under general anesthesia. The operation takes a couple of hours to perform. Incisions are made inside the ear or behind the ear. Prostheses may then be inserted in the middle ear to reconstruct ear bones. The eardrum is then patched using the lining of a muscle behind the ear. The incisions are then closed and packing is placed in the ear to hold the tissues in place while they are healing. A dressing is wrapped around the head and the patient goes to the recovery room. Patients may be kept overnight for observation, but this is rare. If they do stay overnight, they are discharged the following morning as long as they are not nauseous or too dizzy.

Recovery
Most patients will miss about 3 - 4 days of work or school. Patients are seen in the office within two to three days for removal of dressing and evaluation after the operation. Most normal activity can be resumed after the first week, but it is important to follow these instructions until the doctor says otherwise:

- Do not blow your nose. This could cause pressure to build up in the ear and displace the patch on the eardrum.
- Do not let any water in your ear. This could cause an infection. A piece of cotton coated with Vaseline should be placed in the ear to keep water out while showering.
- No air travel for the first 6 weeks due to the pressure changes which occur in the ear.

Risks and Complications

- There will be raw surfaces inside your ear which may take several months to heal. The ear often will continue to have drainage during this healing phase. Hearing is always diminished initially due to the packing. It usually improves as the packing dissolves. It will be several months before you will know what your final hearing result will be. It is necessary to cut some of the sensory nerves when the incision is made behind the ear. This will cause your ear to be numb. This numbness almost always returns to normal, but this takes several months.
- Any surgery involving the ear always carries the risk of hearing loss. It is possible to reconstruct the hearing mechanism with a prosthetic ear bone.
- It is also possible to sustain damage to the inner ear hearing. This damage could be permanent and there is the risk of total hearing loss. Every effort is made to prevent this complication, but it can still occur.
- The nerve which moves the muscles of the face travels through the middle ear and mastoid. This nerve travels in a well-known path and needs to be carefully protected. Despite the greatest care it is still possible to injure this nerve. An injury to the facial nerve cause loss of movement of the facial muscles of one side of the face.
- If the patch does not take there may be a persistent perforation (hole) in the eardrum. Further procedures could be done to correct this.
- The nerve which supplies the side of the tongue with taste also runs through the middle ear. This nerve may be stretched or cut during the operation. This can lead to a metallic taste in the mouth. There are several other nerves which also supply taste within the mouth, so you would still be able to taste.
- The balance system of the ear can be damaged, though this is a fairly rare complication. Permanent balance problems are fairly rare.
• Tinnitus, or ringing in the ears, can occur with any ear surgery. It is usually temporary, but can be permanent.

We ask that you sign below to indicate that you have read, understand, and accept the risks and complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.