

## **TYMPANOPLASTY (SURGICAL REPAIR OF PERFORATED EARDRUM)**

### **WHY DO I NEED SURGERY?**

The purpose of this procedure is to repair the perforation of the tympanic membrane. A perforation of the tympanic membrane due to acute infection may often heal on its own, especially if the ruptures are small. Sometimes physicians may patch the eardrum using a cauterizing agent and a thin, paper-like tissue. There are a number of variations to this procedure often called paper patch procedures. In some cases, the perforation fails to heal even with the best of efforts and may require surgical intervention. Surgery of the perforated eardrum may be necessary to control the infection, or may be elective to protect the middle ear or to prevent further hearing loss.

### **WHAT HAPPENS DURING SURGERY?**

A tympanoplasty is a microsurgical procedure that uses the patient's own tissue to reconstruct the tympanic membrane. Grafts may be taken from different areas to include temporalis fascia and tragal perichondrium. These areas are behind the ear aligning with bone tissue and cartilage of the ears. The surgery often requires three hours of general anesthesia. The surgeon will reconstruct the membrane either through the ear canal alone, or through the ear canal and through an incision behind the ear. The surgeon may sometimes use a laser to carefully excise or remove any type of scar tissue in the middle ear. The ossicles, (which are the small bones in the ear for conduction of hearing) may be injured. If that is the case, the bones may have to be replaced.

The surgery is often done on an outpatient basis, which means that you may go home the same day as the operation. In some cases, however, you may have to stay overnight because of anesthesia risks, which may result in nausea. You should arrange for someone to drive you home after this procedure.

You will be sent home with eardrops. The operative ear must stay dry for at least four weeks duration. There are usually three postoperative visits which include a postoperative seven day visit as well as a visit four to five weeks after the surgery. Absolutely no flying, climbing or altitude changes are recommended during that postoperative period as the eardrum is being sealed to the new tympanic membrane. Please refrain from blowing your nose during this time as well.

If you have allergies, we recommend over the counter Claritin after the surgery for at least four to time weeks.

The success rate of tympanoplasty is fairly high, up to about 80-90 percent of the patients, when done for the first time. For a second tympanoplasty procedure, the success rate may drop to 50 percent or below.

**WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?**

Bleeding and infection has been reported in some patients. However, the most common complication is the rejection of the graft by the tympanic membrane. Replacement of the eardrum with tissue from behind the ear is not as good as the natural tissue of the eardrum. As a result, some of the grafts may be rejected. There are no ways of knowing ahead of time which grafts will be accepted or rejected.

You may also develop a cholesteatoma which is a small-sized cyst which occurs after surgery. This may require further treatment.

If the ossicles have been damaged by injury or disease, hearing loss may be sustained, despite this surgery. Approximately 2-4 patients out of 1000 may experience sustained hearing loss even after tympanoplasty, according to researchers.

As with any type of surgery, the risks of anesthesia, such as reaction to the drugs, breathing difficulties and even death are possible.

Occasionally a loss of hearing or sense of taste may occur. The hearing loss should resolve within four to five days. Loss of taste should also resolve after a few weeks.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please feel free to bring a family member or friend with you to your preoperative visit. Please sign and return this form to our office when you return for your preoperative appointment.

Respectfully yours,

**JAMES J. LEE, M.D., F.A.C.S.**

I understand the above information and consent to the surgery.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name-Printed

\_\_\_\_\_  
Date