



TYMPANOPLASTY

Tympanoplasty, or repairing the middle ear, serves the purpose of rebuilding the tympanic membrane (eardrum) and/or middle ear bones. An excellent result may be expected in 80-90% of cases; failure to improve is not a complication. Success depends almost as much on the ability of the body to heal as it does on the surgeon's skill. Fortunately, even those cases that fail may be revised and have the same high degree of expected good results. There are, nevertheless, some complications that do occasionally occur. Further hearing loss (rarely total) happens less than 10% of the time when the middle ear bones are rebuilt, and for that reason, rebuilding middle ear bones (ossiculoplasty) is not advised unless hearing is poor. Hearing loss is uncommon if the operation is limited to repairing the eardrum. Injury to the facial nerve as a result of this surgery is rare. There is a slightly greater risk when mastoidectomy is also performed, but once again, the most experienced surgeons may only encounter this complication once or twice in a career.

Loss of sense of taste on the side of the tongue may occur. It is usually only a minor inconvenience for a few weeks. Persistent dizziness is almost unheard of after surgery, limited to the repair of an eardrum perforation, and uncommon after rebuilding the ear bones. Unless control of infection or concern of cholesteatoma is the reason for surgery, tympanoplasty is an elective procedure. The use of a hearing aid may be an alternative to reconstructive surgery. If the eardrum perforation is not repaired, earplugs are recommended to protect the middle ear from contamination when bathing. This may help to prevent infection and its complications. You will have a post-op appointment 1 month and 3 months after surgery. Your hearing will be rechecked at your 3-month visit.

Post-op Instructions

1. Remove the outer cup dressing in 48 hours. When the cup comes off, remove the underlying cotton ball.
2. Do not remove any of the packing in the ear canal. This will dissolve or be removed by Dr. Holmes at your return visit, typically in 4 weeks.
3. May shower in 48 hours when the cup comes off. Use a cotton ball coated in Vaseline placed to the side of your canal for showers/baths so that water doesn't go down ear canal; remove after showering. No swimming until after postoperative visit and told that drum is healed.
4. Steristrips behind the ear typically fall off in 10-14 days; if they do not, the patient/caregiver may peel off at 2 weeks.
5. Take pain medication as needed.
6. One week before your follow-up appointment with Dr. Holmes, begin to apply ear drops 2 times per day, 3 drops each time. This is critical as drops keep skin moist and help healing occur faster. It softens the packing, making it easier to remove and helping it dissolve faster.
7. No lifting objects heavier than 5 lbs. for 2 weeks. Light activity is recommended, with no strenuous/vigorous activity until the follow-up appointment. No swimming.
8. It is normal for the ear to protrude a bit for 1-2 months after surgery. It is normal to have some drainage from either the ear canal or the incision after surgery.

Please contact our office at 478-743-8953 if you have any questions or concerns.