Definitions

Myringoplasty is an operation to repair a hole (perforation) in your eardrum (tympanic membrane), using a graft of your own tissue.

Ossiculoplasty is an operation to remove and replace or refashion the three small bones (ossicles) within the middle ear, in order to improve conduction of sound.

Mastoidectomy is an operation to remove disease from the mastoid air cells within the mastoid bone. This lies just behind the ear. There are three types of mastoidectomy:

- cortical: mastoid air cells are removed and hearing is not affected
- radical: more extensive, in which the eardrum, bony ear canal wall, middle ear lining and ossicles are removed. Hearing is greatly affected
- modified radical: this aims to preserve as much as possible of the eardrum and ossicles. Hearing is not so greatly affected as the radical procedure.

Combined approach tympanoplasty is an operation to treat several conditions, one of which is a chronic middle ear infection and disease (cholesteatoma). It also allows for placement of certain types of hearing aids or cochlear implants. There are three different stages, and each involves different degrees of surgery and combines one or more of the operations already described.

Stapedectomy is an operation to remove the diseased stapes (one of the three bones in the middle ear) and replace it with an artificial one (prosthesis). Hearing should improve.

What does the operation consist of?

All of these operations are carried out under general anaesthetic. There are three different types of approach: either from in front of the ear (pre-auricular), through the ear canal (endaural) or from behind the ear (post-auricular). The surgeon will explain which approach you need.

If any hole (perforation) in the eardrum needs to be repaired, a graft of your own tissue will be used and this most often is taken from the muscle that lies just above your ear.

A pack is often placed in the ear canal and covered by a head bandage. These help to stabilise the ear and reduce any swelling.

You will wake up in the recovery area of the theatre department and be closely monitored by the nursing staff. You will be given any medication to relieve any pain or sickness and you may be given a drip (intravenous fluids) to hydrate you. The drip will be taken down once you are able to drink enough fluids.
What happens back on the ward?

Upon return to the ward you will need to rest in bed as you may well feel sleepy from the anaesthetic and dizzy from the surgery. It is strongly advised not to leave the ward area as you may feel unwell.

For those having a stapedectomy, the surgeon may instruct you to stay on bedrest for one to two days. This is very important as it minimises the risk of dislodging the new prosthesis in your ear.

Nursing staff will be on hand to help you.

Your condition will continue to be monitored and medication will be available to keep you comfortable. Any head bandage may well feel tight but needs to stay in place until the next day.

If needed, the nurses will also regularly check facial nerve function by asking you to perform certain actions such as smiling and squeezing your eyes shut. Some types of ear surgery can affect the performance of this nerve. If any facial weakness is noted, the surgeon will discuss necessary treatment and recovery with you.

Fluids and a light diet can be taken as soon as you are feeling able.

Discharge advice

Your surgeon will advise you on a specific period of recovery. In general, two to three weeks’ rest at home is recommended. Avoid driving, strenuous activity or operating heavy machinery during this time. If you need a sick certificate, please ask the medical staff before you leave the ward.

Any dizziness should pass after a few days. Avoid sudden movements and generally take it gently while moving around.

Pain or discomfort tends to be mild and should ease over the first few days. You will be given pain relief to take home and the nurse will advise you when and how these medications should be taken. To be more comfortable, avoid lying on the affected side.

During recovery, avoid bending over and carrying heavy items, do not blow your nose or play a wind instrument (for one month). The pressure from these activities can harm the ear as it tries to heal. If you need to sneeze, do so with your mouth open. The surgeon will give you further advice if you have any specific needs.

Any external stitches will be removed after seven to ten days. This will be done by either your GP practice or community nurse or at the outpatient appointment. An appointment will be made for you.

You must keep the affected ear dry. Avoid hair-washing until any external wound is healed. If necessary, place into the ear a plug of clean cotton wool, smeared with vaseline, which will prevent water from entering the ear canal. Continue to protect the ear with cotton wool plugs until the surgeon tells you otherwise.

Avoid swimming until the surgeon advises it is safe to do so.
Do not fly for one month but check with the surgeon before you leave if you have arranged travel plans.

Avoid crowded places and people with coughs or colds in order to reduce the risk of infection.

- Smoking affects the body’s ability to heal so stop or cut down if you can. Staff can advise you on ways to give up, provide you with aids to help you quit (e.g., nicotine patches) and contacts for support groups.
- You will be given an outpatient follow-up appointment. Here, the surgeon will remove any packing from your ear and examine the area.
- You may experience a change in taste. The nerve responsible for taste passes just under the eardrum and may have become stretched or bruised during the operation. Taste will return to normal after a few months.
- Contact F5 ward if you have any concerns following discharge or if you experience any of the following:
  - worsening pain or dizziness
  - raised temperature
  - redness and/or swelling to the affected ear
  - discharge or bleeding from the wound or through the ear canal.

Any of the above could be a sign of infection and you would need to be examined and receive treatment by a doctor.

**Contact information**

F5 ward: 023 8120 6511
          023 8120 4644

NHS 111: 111

If you need a translation of this document, an interpreter or a version in large print, Braille or audio, please call 023 8120 4688 for help.