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Tympanoplasty (eardrum repair)

Information for patients — please read before your consent appointment

In short

Tympanoplasty closes a hole (perforation) in the eardrum using a small graft of your own tissue. **The main aim is a dry, protected ear** that no longer discharges when water gets in.

The graft takes in about 85–95% of patients. Hearing often improves, but **better hearing cannot be guaranteed**, and the final result is only known after about three months.

Why repair the eardrum?

Holes in the eardrum are usually caused by infection, injury, or a grommet that has come out. Most fresh holes from injury heal on their own within a few weeks to months, so surgery is offered when a hole has persisted. An open eardrum lets water and germs into the middle ear, causing repeated discharge, and it usually reduces hearing to some degree.

Before surgery

- **Hearing test:** done before surgery and again about three months after.
- **A dry ear:** the ear should ideally be free of discharge at the time of surgery. Drops may be given beforehand.
- **Stop smoking:** smoking reduces blood supply to the graft and lowers the chance that it takes. Stopping, even a few weeks beforehand, helps.

How is it done?

The operation is done under general anaesthetic as a day case. You go home the same day. Depending on the size and position of the hole, the eardrum is reached either through the ear canal with a thin telescope (endoscope), or through a small cut in front of or behind the ear.

The graft is your own tissue: either fascia (the thin covering of the muscle above the ear) or cartilage (from the small flap in front of the ear canal or from behind the ear). Cartilage is stiffer and is preferred for large holes, holes that have failed to heal before, or ears with poor pressure balance. The graft is placed under the hole as a scaffold, and over the following weeks your own eardrum grows across it. Dissolving packing holds it in place.

What to expect

WHEN	WHAT IS NORMAL
Weeks 1–3	Muffled hearing because of the packing. Crackling, popping or bubbling noises. A little blood-stained discharge.
1 week	First follow-up visit. The ear is checked and packing is cleaned out of the ear canal as needed.
About 3 months	The graft is mature. A hearing test shows the final result.

After the procedure

- **Going home:** someone must drive you home and stay with you for the first night. No driving for 24 hours.
- **Pain:** usually mild. Take paracetamol and ibuprofen regularly for the first few days, unless you have been told not to take ibuprofen.
- **Keep the ear completely dry** until you are told it has healed. When showering or washing your hair, use cotton wool coated in Vaseline. No swimming for at least six weeks.
- **No nose blowing for 2 weeks.** Sneeze with your mouth open. Pressure from the nose travels up to the ear and can lift the graft.
- **Drops and antibiotics:** use ear drops only if prescribed. Antibiotic tablets are not routinely needed after this surgery.
- **Flying:** studies suggest that commercial flights after the first week do not harm the graft, but please discuss any travel plans with us first. No scuba diving until the ear has been checked and cleared.
- **Activity:** avoid heavy lifting and strenuous exercise for two weeks. Most people return to desk work after about a week.

Risks

HOW OFTEN	RISK
Common	Altered or metallic taste on one side of the tongue (the taste nerve runs right next to the eardrum). This usually settles over weeks to months. Numbness around the ear if a cut was made.
Uncommon	The graft does not take or a new hole forms (around 1 in 10). This can usually be repaired again. Infection, short-lived dizziness, ringing in the ear.
Rare	Worse hearing or permanent hearing loss in the operated ear (about 1 in 100), lasting dizziness, skin trapped behind the graft (cholesteatoma).
Very rare	Weakness of the face on the operated side (facial nerve injury).

Phone the rooms on 021 975 0840/1 or go to the emergency unit if you have:

- Weakness or drooping of the face
- Severe spinning dizziness with vomiting, or a sudden further loss of hearing
- A temperature above 38.5 °C, or increasing pain, redness or swelling around the ear
- Foul-smelling or heavy discharge

This sheet does not replace your consultation. Please bring your questions to your consent appointment.