Pre-Op and Post-Op Guide for Eardrum Repair: Tympanoplasty, Myringoplasty, or Paper Patch

These instructions are designed to inform you in an attempt to keep you safe before and after your surgery. We hope you take this information seriously, read it completely, and address any concerns with your doctor or the staff before surgery. Serious harm or death can occur from taking medications or following instructions incorrectly.

Eardrum repair refers to the surgical closure of a perforated tympanic membrane (eardrum hole). This can be a small repair (paper patch or myringoplasty) or a bigger repair (tympanoplasty). Eardrum perforations result from chronic infection, trauma, or after ear tubes. Small perforations can heal spontaneously, but if the hole is large, natural healing may not happen. Eardrums may also be perforated as a result of trauma, such as an object in the ear, a slap on the ear or an explosion. Ear tubes also can cause perforations.

The Various Surgeries Include:

- Paper patch: a sterile piece of paper or surgical tape is used to patch a small hole.
- Myringoplasty: a small piece of fat (removed from the ear lobe of the same ear) is used to plug small to medium holes.
- Tympanoplasty: a flat sheet of tissue is used to patch larger holes.

Pre-Surgery Precautions:

***** No Aspirin/Ibuprofen or equivalent before tympanoplasty. These thin your blood and make you bleed more at surgery. Stop taking them two weeks before your surgery. Restart after surgery whenever you want.*****

- You may bring your/your child's favorite electronic device to use in the preoperative area. The hospital has free Wi-Fi.

Post-Surgery Precautions/Restrictions:
For 30 days after surgery:

- ✓ Blow your nose gently (not forcefully) and blow with both nostrils open. Encourage children to wipe rather than blow their noses. Blowing too hard can pop the graft off and ruin the repair.
- ✓ "Open mouth" sneezing only. This will prevent damage to your ear or mastoid bone.
- ✓ No swimming until okayed/approved by the doctor. Water exposure can ruin your surgery. You must be very careful to keep water out of your ears when bathing or showering. Use antibiotic ointment-coated or Vaseline-coated cotton balls in the ear for all showering/bathing and try to keep the outside of the operated ear dry.
- ✓ No flying after surgery. Air pressure changes can pop the ears which can ruin a surgical repair.
- ✓ No contact sports.

- No lifting more than 30 lbs. for 10 days after surgery. Increased blood pressure in the ear can cause bleeding and pain.
- Hearing Testing (Audiogram) – Hearing test are required **BEFORE and AFTER** the surgical procedure.

Recovery:

- Paper patch: Children can go back to school the day after surgery if feeling okay. Pain is minimal to not present. Use ibuprofen and/or Tylenol.
- Myringoplasty: Usually one day recovery. Children can go back to school 1-2 days after surgery if feeling okay. Pain is minimal to moderate. Use ibuprofen and/or Tylenol or prescribed narcotic.
- Tympanoplasty: Usually 3-5 day recovery. Children or adults can go back to school or work 5-7 days after surgery day.

Tympanoplasty Dressing: If this was placed over the ear, you will take this off 24 hours after surgery. Just cut the gauze with scissors to remove it from your head. If there's bleeding out your ear canal, place a Vaseline-coated cotton ball there. If bleeding behind the ear, place gauze or a Band-Aid.

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Food and Drink: Drink plenty of fluids. After tympanoplasty, expect some discomfort with eating or chewing. Start with soft foods or soups.

Post-Op Medications:

- Ear drops: Post-op antibiotic ear drops may be prescribed to dissolve ear packing and may be required for several days/weeks.
- Pain medicine: Take the pain medication as prescribed. Don't take more pills than prescribed; it can hurt or even kill you in some cases. Pain medicine is designed to take away SOME, not ALL, of you pain.

→ **Acetaminophen** (Tylenol) is a primary pain medication after surgery.

- **Kids: Acetaminophen dose is 15 mg per kg body weight per dose.**
- **Adults: Acetaminophen dose is 650 mg every 5 hours on a schedule. This dose may not be safe for you if you have liver problems so talk to your doctor about this.**

→ **Ibuprofen** (Advil, Motrin, etc.) is a secondary medication after surgery. Ibuprofen may be used if Tylenol isn't working. This means if the acetaminophen is not controlling pain, scheduled ibuprofen should be given in addition to scheduled Tylenol. Ibuprofen and Tylenol are broken down differently in the body and do not have harmful interactions when used at the same time.

- **Kids: Ibuprofen dose is 10 mg/kg body weight per dose.** Do not give more than 3 doses in 24 hours and the patient must be drinking enough fluids to flush the ibuprofen through the kidneys.
- **Adults: Ibuprofen dose is 600-800 mg per dose every 8 hours on a schedule. This dose may not be safe for you if you have kidney problems so talk to your doctor about this.**

→ **Narcotic pain meds: Another source for pain relief post-op.**

Possible Surgical Complications:

- ✓ Dizziness: Normal for the first 4-6 hours after surgery. This is from the local anesthetic and will go away. Call the office if it continues.
- ✓ Bleeding: Normal during the first 1-2 days. Ear drainage is usually due to "old blood" draining during the first two to three days after surgery. If the bleeding continues for 4 or 5 days or becomes profuse, call the office for advice. Use a cotton ball coated with Vaseline to stop it.
- ✓ Residual perforation: Persistent perforation is a risk that increases with infection history, perforation size, and a number of prior attempted repairs.
- ✓ Scarring: Can occur in middle ear and prevent perfect hearing results.
- ✓ Hearing Loss: Surgery can worsen or permanently damage hearing. This complication is unusual.
- ✓ Loss of Taste: Surgery can temporarily or permanently alter sense of taste on one-half of the tongue.

Follow-up Visits:

- Ear tubes must be checked **by an otolaryngologist (ENT) every 3 months until they fall out**.
- Ear tubes should fall out on their own after 6-12 months. If not, they may need to be surgically removed to prevent a permanent hole in the ear which will require a more extensive surgical procedure.

WHEN TO CALL THE DOCTOR:

- ✓ Pain not relieved by the medication
- ✓ Excessive bleeding from the ear
- ✓ Medication reactions: Hives, rashes, itching, breathing trouble or wheezing
- ✓ Chest pain, chest tightness, chest burning
- ✓ Leg swelling
- ✓ Dehydration
- ✓ Persistent fever over 102.5 °F