



Pretoria ENT

Dr E Botha

Ear, Nose & Throat Specialist

INFORMATION REGARDING YOUR EAR SURGERY

This document contains information about the following aspects of ear surgery:

- **Pre-op information:** How to prepare for surgery.
- **Procedure:** What is done during surgery.
- **Post-op information:** What to expect immediately after the surgery.
- **Possible complications:** Which complication might occur.
- **Alternative for surgery:** What you could do instead of surgery.

The following surgical procedures related to the ear are explained in this document:

- **Myringotomy and Grommet insertion.**
- **Foreign body removal from the ear.**
- **Myringoplasty.**
- **Tympanoplasty.**
- **Tympanomastoidectomy.**
- **Ossicular surgery.**



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Myringotomy and Grommet insertion

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

A myringotomy is where the doctor makes a very small opening in the tympanic membrane (eardrum), usually to allow drainage and ventilation of the middle ear. A small tube is then inserted into that opening to keep the hole open for 3 months to 2 years.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- There should be minimal pain after the procedure. Panado can be given for any discomfort during the 48 hours afterwards.
- Antibiotic ear drops will only be prescribed if there were signs of an acute infection within the ear.
- Ears should be kept dry. Please use earplugs for swimming and if the head is immersed during bath time.
- There will be a check-up 2 weeks after the procedure.

Possible complications:

- Minimal bleeding can occur.
- Damage to the skin of the canal can occur.
- In some cases, acute or chronic infection can occur, as the middle ear is now exposed to organisms that come from the outside. Such an infection is usually associated with a draining ear.
- Very rarely, skin from the tympanic membrane (eardrum) can grow into the middle ear and cause a keratin pocket (collection of shed skin) called a cholesteatoma.
- Due to the fact that the eardrum is directly linked to the hearing bones and inner ear structures, there is always a slight risk of damaging the hearing and balance systems.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- Regular visits for recurring infections and treatment with oral antibiotics and/or anti-inflammatories.



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Foreign body removal from the ear

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

To remove a foreign body from the ear, the ear will first be examined microscopically. The object will be removed microscopically and the extent of the damage recorded. A foreign body can cause damage to the ear canal, the eardrum, the middle ear structures, and if very deep, the inner ear structures. If very difficult to remove, the instruments may also cause trauma.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- There should be minimal pain after the procedure. Panado can be given for any discomfort during the 48 hours afterwards.
- Antibiotic ear drops will only be prescribed if there were signs of an acute infection within the ear.
- There will be a check-up after 2 weeks. Please keep the ear dry during that time, to prevent secondary infection.

Possible complications:

- Minimal bleeding may occur.
- The traumatized areas can become secondarily infected.
- If the ear canal was severely damaged, it may become narrowed.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- No safe alternative.



Myringoplasty

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

A myringoplasty is a procedure where the eardrum is being repaired by tissue that has been harvested from an area around the ear (soft tissue - muscle/muscle/fascia/perichondrium/periosteum, or cartilage) and/or synthetic material. Depending on the approach that is used the skin will be incised inside the ear canal, close to the tragus of the pinna or behind the ear. The skin is then gently lifted off the bone of the ear canal, then the eardrum is lifted. The chosen tissue or material is then placed underneath the eardrum and the eardrum is put back into position. The skin incision is closed and the ear is packed with either spongy material or ribbon gauze. Gauze is packed around the ear and a pressure bandage is placed around the head to keep it in place and prevent blood collections from forming.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The doctor will prescribe analgesia medication for pain and discomfort after the operation, which may last for a week or more.
- Depending on the reason for the operation, the doctor may prescribe oral antibiotics after the operation.
- A bandage will be placed around the head and ear, which will be removed during a check-up 1 week after the surgery, to evaluate the surgical area.
- From this point onwards, the wound should be cleaned gently with hibitane twice daily and bactroban applied thereafter for 7 days.
- The ear canal will still be packed with a spongy material, that is removed 1 month after the procedure during a check-up.
- Avoid straining (exercise, lifting of heavy objects, difficulty passing stools) and nose-blowing (gently clear the nose), as this may shift the tissue that has been placed on the eardrum. If you tend to suffer from constipation, please ask the doctor to prescribe you a stool softener.

Possible complications:

- Minimal bleeding can occur.
- Acute or chronic infection may occur.
- Excessive scarring of the skin may occur.
- The graft may fail with a persistent perforation.
- Due to the fact that the eardrum is directly linked to the hearing bones and inner ear structures, there is always a slight risk of damaging the hearing and balance systems.
- Narrowing of the canal may develop.
- Very rarely, skin from the tympanic membrane (eardrum) can grow into the middle ear and cause a keratin pocket (collection of shed skin) called a cholesteatoma.



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- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- Keep the ear dry.
- Treat recurring infections with local or systemic antibiotics.
- Treat significant hearing loss with a hearing aid.



Tympanoplasty

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

A tympanoplasty is a procedure that allows for the examination of the middle ear space and structures, as well as repair of a perforated eardrum. If abnormalities are found within the middle ear it can either be repaired in during the same procedure, or a future procedure planned. Depending on the approach that is used the skin will be incised inside the ear canal, close to the tragus of the pinna or behind the ear. The skin is then gently lifted off the bone of the ear canal, then the eardrum is lifted. The middle ear is examined and the findings recorded.

The eardrum will be repaired with tissue that has been harvested from an area around the ear (soft tissue - muscle/muscle fascia/perichondrium/periosteum, or cartilage) and/or synthetic material. The chosen tissue or material is then placed underneath the eardrum and the eardrum is put back into position.

The skin incision is closed and the ear is packed with either spongy material or ribbon gauze. Gauze is packed around the ear and a pressure bandage is placed around the head to keep it in place and prevent blood collections from forming.

Post-op information:

- The doctor will prescribe analgesia medication for pain and discomfort after the operation.
- Depending on the reason for the operation, the doctor may prescribe oral antibiotics after the operation.
- A bandage will be placed around the head and ear, which will be removed during a check-up 1 week after the surgery, to evaluate the surgical area.
- From this point onwards, the wound should be cleaned gently with hibitane twice daily and bactroban applied thereafter for 7 days.
- The ear canal will still be packed with a spongy material, that is removed 1 month after the procedure during a check-up.
- Avoid straining (exercise, lifting of heavy objects, difficulty passing stools) and nose-blowing (gently clear the nose), as this may shift the tissue that has been placed on the eardrum. If you tend to suffer from constipation, please ask the doctor to prescribe you a stool softener.

Possible complications:

- Minimal bleeding can occur.
- Acute or chronic infection may occur.
- Excessive scarring of the skin may occur.
- The graft may fail with a persistent perforation.
- Due to the fact that the surgery being done very close to the hearing bones and inner ear structures, there is always a slight risk of damaging the hearing and balance systems.



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- Narrowing of the canal may develop.
- Very rarely, skin from the tympanic membrane (eardrum) can grow into the middle ear and cause a keratin pocket (collection of shed skin) called a cholesteatoma.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- Keep the ear dry.
- Treat recurring infections with local or systemic antibiotics.
- Treat significant hearing loss with a hearing aid.



Tympanomastoidectomy

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

A tympanomastoidectomy involves firstly the removal of diseased tissue (usually infective material, inflamed soft tissue, infected bone, cholesteatoma), secondly the creation of a well-functioning middle ear, and thirdly, if possible, to improve hearing.

Depending on the approach that is used the skin will be incised inside the ear canal, close to the tragus of the pinna or behind the ear. The skin is then gently lifted off the bone of the ear canal, then the eardrum is lifted. The diseased bone and air pockets of the mastoid (spongy bone behind the ear) and middle ear are removed with a drill, along with the infected/inflamed soft tissue. Sometimes a cholesteatoma is also removed. According to the extent of the disease, the decision is made to remove part of the ear canal. If there are any abnormalities of the hearing bones (ossicles), the repair can be done during the same procedure or planned for a future procedure.

It often involves repair of the eardrum (myringoplasty). A myringoplasty is a procedure where the eardrum is being repaired by tissue that has been harvested from an area around the ear (soft tissue - muscle/muscle fascia/perichondrium/periosteum, or cartilage) and/or synthetic material.

The eardrum and skin are repositioned as before and the skin incision sutured. The ear canal is packed with either spongy material or ribbon gauze. Gauze is packed around the ear and a pressure bandage is placed around the head to keep it in place.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The doctor will prescribe analgesia medication for pain and discomfort after the operation.
- The doctor will also prescribe a course of oral antibiotics after the operation.
- A bandage will be placed around the head and ear, which will be removed during a check-up 1 week after the surgery, to evaluate the surgical area.
- From this point onwards, the wound should be cleaned gently with hibitane twice daily and bactroban applied thereafter for 7 days.
- The ear canal will still be packed with a spongy material, that is removed from 4 to 6 weeks after the operation, during a check-up.
- Avoid straining (exercise, lifting of heavy objects, difficulty passing stools) and nose-blowing (gently clear the nose), as this may shift the tissue that has been placed on the eardrum. If you tend to suffer from constipation, please ask the doctor to prescribe you a stool softener.



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Possible complications:

- Minimal bleeding can occur.
- Acute or chronic infection may occur.
- Excessive scarring of the skin may occur.
- The graft may fail with a persistent perforation.
- Due to the fact that the surgery is done very close to the hearing bones and inner ear structures, there is always a slight risk of damaging the hearing and balance systems.
- Narrowing of the canal may develop.
- Very rarely, skin from the tympanic membrane (eardrum) can grow into the middle ear and cause a keratin pocket (collection of shed skin) called a cholesteatoma.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- Keep ear dry if there is a perforation of the eardrum.
- Frequent visits for infection.
- Treatment with local, oral or intravenous antibiotics.
- Close observation for development of a cholesteatoma.
- Treat hearing loss with a hearing aid.
- Regular audiograms to detect deterioration in hearing.



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Ossicular surgery

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

Ossicular surgery involves inspection of the ossicles and, according to the findings, any of the following can be done:

- If there are any diseased tissue around the hearing bones it can be removed.
- If an ossicle is incomplete or immobile, it can be removed, reshaped and replaced, or it can be replaced by a prosthesis (structure made with synthetic material that can perform the functions of the original ossicle).

The aim of the surgery is to optimize the transfer of sound from the tympanic membrane to the cochlear fluid (inner ear structure). Depending on the situation, a myringoplasty or tympanomastoidectomy may go along with the procedure.

Depending on the approach that is used the skin will be incised inside the ear canal, close to the tragus of the pinna or behind the ear. The skin is then gently lifted off the bone of the ear canal, then the eardrum is lifted.

A myringoplasty is a procedure where the eardrum is being repaired by tissue that has been harvested from an area around the ear (soft tissue - muscle/muscle fascia/perichondrium/periosteum, or cartilage) and/or synthetic material.

The eardrum and skin are repositioned as before and the skin incision sutured. The ear canal is packed with either spongy material or ribbon gauze. Gauze is packed around the ear and a pressure bandage is placed around the head to keep it in place and prevent blood collections from forming.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The doctor will prescribe analgesia medication for pain and discomfort after the operation.
- Depending on the reason for the operation, the doctor may prescribe oral antibiotics after the operation.
- A bandage will be placed around the head and ear, which will be removed during a check-up 1 week after the surgery, to evaluate the surgical area.
- From this point onwards, the wound should be cleaned gently with hibitane twice daily and bactroban applied thereafter for 7 days.
- The ear canal will still be packed with a spongy material, that is removed 1 month after the procedure during a check-up.



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- Avoid straining (exercise, lifting of heavy objects, difficulty passing stools) and nose-blowing (gently clear the nose), as this may shift the tissue that has been placed on the eardrum. If you tend to suffer from constipation, please ask the doctor to prescribe you a stool softener.

Possible complications:

- Minimal bleeding can occur.
- Acute or chronic infection may occur.
- Excessive scarring of the skin may occur.
- The graft may fail with a persistent perforation.
- Due to the fact that the surgery is done very close to the hearing bones and inner ear structures, there is always a slight risk of damaging the hearing and balance systems.
- Narrowing of the canal may develop.
- Very rarely, skin from the tympanic membrane (eardrum) can grow into the middle ear and cause a keratin pocket (collection of shed skin) called a cholesteatoma.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- Treat hearing loss with a hearing aid.
- Regular audiograms to detect deterioration in hearing