

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Fat Graft Myringoplasty

Definition

Myringo = tympanic membrane

-plasty = a surgical procedure for the repair, restoration or replacement (as by a prosthesis) of a part of the body

Purpose of Procedure

The reason for this procedure is to restore a normally functioning eardrum. Holes in the eardrum may be due to infections that have drained through the eardrum, a traumatic injury, or a persistent opening following ear tube removal.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

The operation involves taking a small piece of fat from the earlobe through a small incision. A rim of tissue is removed from the edge of the perforation in the eardrum to create a fresh wound. A microscope is used for better visualization. The small piece of fat is placed through the hole and brought halfway back out so that it sits with half the fat inside the eardrum and half outside the eardrum. Small pieces of dissolvable gelatin sponge may be placed both inside and outside of the graft to help hold it in place. This can be done under either local or general anesthesia depending on the age of the patient. Before this procedure can be done, normal function of the Eustachian tube needs to be determined.

Post Procedure

Following the operation, water exposure and blowing your nose should be strictly avoided until otherwise instructed by your physician. Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Follow-up appointments will be arranged by your physician. Healing may take 4 to 6 weeks to be complete.

Expectations of Outcome

This procedure should result in a normally functioning eardrum with the ability to resume most water activities. If the eardrum fails to fully heal, another procedure may be required.

Possible Complications of the Procedure

Fat graft myringoplasty is a safe procedure, however, there are uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Minor bleeding
- Failure of the perforation to heal

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).