

# **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.*

## **Myringotomy**

### **Definition**

Myringo = tympanic membrane  
- tomy = a cutting operation

This procedure involves making a small hole in the eardrum to remove fluid and allow temporary

### **Purpose of Procedure**

There are several reasons why this procedure is done; recurrent ear infections, fluid that persists longer than 3 months, hearing loss due to retraction of the eardrum.

### **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**

This procedure involves removing ear wax from the canal if necessary. A small opening in the eardrum is then made with the use of a microscope for better visualization. Through the opening, fluid is removed with suction. A culture of the fluid may be taken to help determine the best antibiotic treatment, if necessary.

### **Post Procedure**

Following the procedure, water exposure will be discussed by your physician. Antibiotic ear drops may be prescribed. Ear drops for pain should be avoided. A follow-up appointment will be arranged at the discretion of your physician. Tylenol may be used for discomfort.

### **Expectations of Outcome**

This procedure should temporarily allow the fluid to drain from the middle ear, improve hearing, and allow antibiotic drops to reach the middle ear. The opening will usually heal within a month. If the problem reoccurs, another procedure may be required.

### **Possible Complications of the Procedure**

Myringotomy is a safe procedure, however, there may be 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.
- Other complications: minor bleeding, persistent drainage, and a hole that does not heal.
- Infection
- There is a small risk of a growth of skin behind the eardrum
- These complications can occur with higher frequency if the operation is not done.

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).