

## 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.*

### Tympanoplasty with Ossicular Reconstruction

#### Definition

Tympano = indicates a connection with or a relation to the tympanum or ear drum

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

Ossicular = a small bone or bony structure; especially any of three small bones of the middle ear including the malleus, incus, and stapes

Reconstruction = repair of an organ or part by reconstructive surgery

This procedure involves repairing a hole in the eardrum and improving the sound conduction mechanism by repairing the connection between the eardrum and the inner ear. The repair is done using your own tissue or manufactured materials.

#### Purpose of Procedure

The reason for this procedure is to improve hearing.

#### 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 a rim of tissue from the edge of the perforation in the eardrum. Local anesthetic is injected into the ear canal and in the area from which the graft will be taken. A graft from the covering of the temporalis muscle is taken through an incision above the ear. The incision is closed with suture material. With the use of a microscope for visualization, an incision is made in the ear canal and the eardrum is elevated to allow visualization of the structures behind the eardrum. Depending on the location of the perforation and the preference of your surgeon, an incision may be made behind the ear to help expose the perforation. The ear bones are checked for mobility and proper connection. If there is no connection then reconstruction is done using the bones that are still present and healthy, the patient's cartilage, or a manufactured prosthesis. A gelatin sponge is then used to stabilize the positioning of the reconstruction while healing occurs. The graft is placed between the gelatin sponge and the undersurface of the eardrum. The eardrum is then returned to its normal position

and special care is placed on the top of the eardrum to hold everything in place. A cotton ball soaked in antibiotic ointment and a band-aid is used to protect the ear. If an incision was made behind the ear, it is closed with suture material and a full dressing is placed over the ear.

### **Post Procedure**

Following the procedure the ear should be kept dry. If a full dressing is used, then it will be changed daily until drainage is insignificant. Blowing your nose is not allowed. Sutures will be removed one week later. Follow up appointments will be on a regular basis until healing is complete. This may take from four to six weeks. Antibiotics may be used if infection is noted. The gelatin sponge gradually dissolves during the healing process. Any discomfort will be managed with pain medication.

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.

### **Expectations of Outcome**

This procedure should cause complete closure of the perforation and improve hearing.

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

This is a safe procedure, however, there are uncommon risks that may be 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.
- Injury to the nerve that is partly responsible for the sensation of taste
- A hole that doesn't heal completely
- Scarring of the eardrum that may cause a reduction in hearing
- Injury to the inner ear causing either dizziness, hearing loss, or ringing (tinnitus)

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).