



*Better
Together*

Patient information

Tympanotomy and Ossiculoplasty

Ear Nose and Throat Directorate

Your Consultant / Doctor has advised you to have a tympanotomy and ossiculoplasty. This is usually a day case procedure; however it may be necessary to stay overnight.

What is tympanotomy and ossiculoplasty?

It is an operation to look into the middle ear and try to improve your hearing by reforming or replacing the small bones in your ear.

What are the benefits of having tympanotomy and ossiculoplasty?

Accessing and repairing, rearranging or replacing the small bones in your middle ear and connecting them should improve your hearing.

Are there any alternatives available?

A hearing aid may be beneficial; you may be offered this prior to being offered surgery.

What will happen if I decide not to have treatment?

Your hearing is likely to remain unchanged

What are the risks of having this procedure?

- **Infection**

This can be to the ear canal resulting in a chance of the operation failing, or the suture (stitch) line, which may need to be treated with antibiotics into a vein or by mouth. This may result in staying in hospital a few days longer.

- **Hearing loss**

There is a small risk that your hearing will be worse after the operation; however every precaution will be taken to prevent this happening. You should discuss this with the surgeon.

- **Failure**

Although the operation is done to improve the hearing, it may not be possible when the surgeon assesses your ear under anaesthetic.

- **Facial nerve damage**

There is a very small risk that the nerve that supplies the muscles of the face on the operated side can become bruised or damaged (facial nerve). This can result in temporary or permanent weakness of the face on the side of the surgery.

- **Reaction**

The packing in your ear may contain iodine, which some people are sensitive to. Any will subside on removal of the pack by the doctor.

- **Perforation of the ear drum**

Your eardrum may not heal, leaving a perforation. This may need another operation to correct this but is rare.

- **Vertigo**

This should settle. You will be prescribed medication to reduce the severity.

- **Tinnitus**

This should resolve but may be permanent.

- **Altered taste**

This should resolve in three to four months.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

For more information, please ask for a copy of the leaflet “You and Your Anaesthetic (PIF 344).

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests, a chest X-ray, and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- Before your general anaesthetic you must not eat or drink for a minimum of six hours. You will be told when this is to start.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. You will be able to discuss the operation with a nurse practitioner.

The day of your operation

- You will come into hospital on the day of your operation.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping.
- General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - wedding rings can be worn but they will be taped.
- Please leave ear/body piercings at home. Acrylic nails will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A porter will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.

- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who will give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- You may have a bandage on your ear; this will stay until discharge.
- You will have a small pack in your ear; this will be removed at the surgeons instructions, usually in clinic around three weeks later.
- You may experience a headache, some pain or discomfort after this operation, please inform the nursing staff should you need any tablets for this.
- It is unusual that patients experience dizziness after the operation; this can carry on for several days but gradually subsides. Please ask for help to mobilise after your operation. If your symptoms are severe, medication will be prescribed to help stop any dizziness and feelings of sickness.

Going Home

Your doctor/nurse will normally discharge you on the day of your operation. If you have a venflon (plastic tube) in your arm or hand, this will be removed before you go home. You will need to make arrangements for someone to be with you as you may still be experiencing some dizziness after the operation.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your ear

- You must keep the wound dry especially after washing; this helps to prevent infection.
- Put cotton wool smeared with Vaseline into the ear canal when bathing / showering.
- If you wear glasses, be careful the arm does not irritate the wound around your ear as this can cause infection.
- If you have stitches the nurse at your doctors' surgery will remove them one week after your operation, or you can go to a walk-in centre.
- You should not fly for at least a month.
- When you sneeze, you should keep your mouth open to reduce the pressure in your ear. This helps to prevent damage to the middle ear bones.
- Do not blow your nose fiercely as this increases the pressure in you ear and may also damage the middle ear bones.

- If you are constipated, use a laxative for the same reasons as above.
- Avoid lifting heavy weights for one month.

Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you will need some support during this time.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need.

Further Appointments

Your follow up appointment will be sent to you for three weeks after your operation.

Further Information

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