



## **POST OPERATIVE INSTRUCTIONS FOR MYRINGOPLASTY**

### **INTRODUCTION**

A Myringoplasty operation is an operation to repair a hole in the eardrum. The repair is generally carried out using tissue from below the skin (called fascia or perichondrium/cartilage). You may need to cut either behind your ear or just in front of your ear to obtain the fascia and sometimes to gain access to the eardrum. Where technically possible the surgeon always attempts to confine all cuts to the external meatus (ear canal). Occasionally the ear canal will need to be enlarged as part of the repair process. This may cause some stiffness for your jaw for a few days because the ear canal is very close to the jaw joint.

### **POST OPERATIVELY**

Please try and keep any wound around your ear and the ear itself scrupulously dry. You will have some packing in your ear canal, which your surgeon will remove after approximately two weeks. Following removal of the packing they would like you to keep your ear dry until the ear has fully healed. This can take as much as 3 months. Until the graft is fully healed you should not swim.

Under no circumstances should ear drops of any kind be used unless prescribed by your Surgeon, this particularly applies to over the counter pharmacy preparations.

Your surgeon will inform you when it is appropriate to resume normal water activity.

Excessive nose blowing or a 'held-in' sneeze can occasionally dislodge the graft in the ear. Avoiding heavy nose blowing for two weeks can prevent this. In the event of sneezing, open the mouth and make no attempt to withhold the sneeze.

It is usual to have some bleeding from the ear for the first day or two. Should there be excessive bleeding or discharge please notify your Surgeon.

You will require 5 days off work and other strenuous activity following surgery. Please ask for a medical certificate if required from your Surgeon's rooms.