



Postoperative care for ear surgery

(Myringoplasty/Mastoidectomy)



Changi
General Hospital

SingHealth

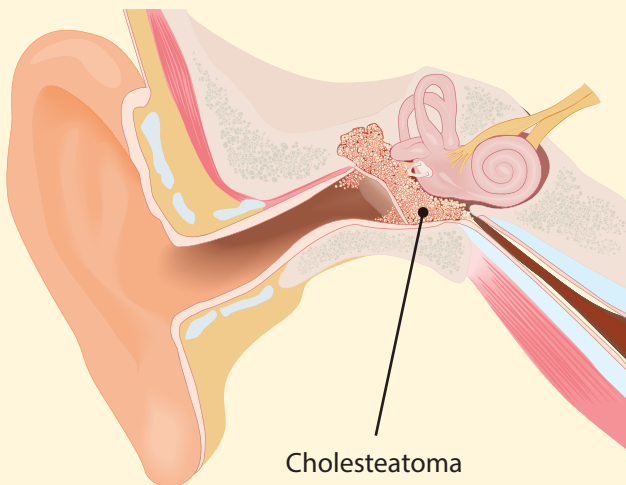
What should I expect?

Myringoplasty

This surgery is advised when the hole in your eardrum causes recurrent ear infections, and results in hearing loss. This is a very safe operation whereby tissue from under your scalp or near your ear is harvested and used to repair the hole in the eardrum.

Mastoidectomy

This surgery is advised when there is middle ear or external ear disease which requires surgical removal of the unhealthy tissue (e.g. mastoidectomy for cholesteatoma). It may also be performed as part of another procedure (e.g. cochlear implantation).



Surgery risks

The risks you should be aware of for the mentioned ear surgeries are:

1. Failure to close the eardrum

Successful closure of the hole in the eardrum depends on the body's ability to heal. In 15-20% of the cases, a small hole may remain due to incomplete healing. This risk is higher in bigger perforations. Please note that for some but not all mastoidectomy surgeries, myringoplasty will be performed, leading to an increase risk for failure to close the eardrum.

2. Hearing loss

There are many other factors besides the eardrum which are important for hearing. Occasionally, the hearing could get worse and only in rare cases (>1%) will the patient experience severe hearing loss after the operation.

3. Taste disturbance

As the taste nerve runs close to your eardrum, there is a risk that it may be damaged during surgery. Some patients may report a slight metallic taste after the surgery. This symptom is usually temporary.

4. Numbness

It is common to experience temporary numbness of the ear and part of the scalp after surgery.

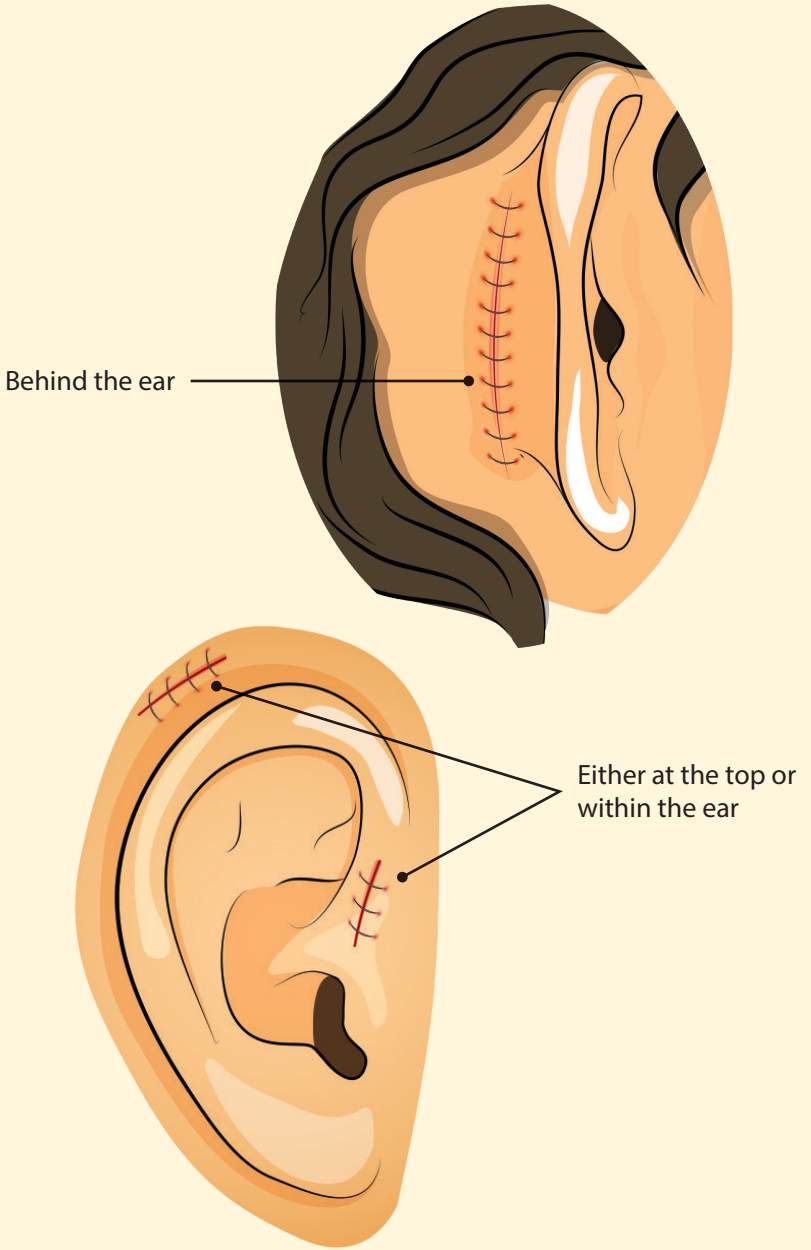
5. Dizziness/Tinnitus

Occasionally, patients experience mild dizziness or hear a ringing sound in the operated ear. This usually resolves over time.

6. Facial nerve weakness

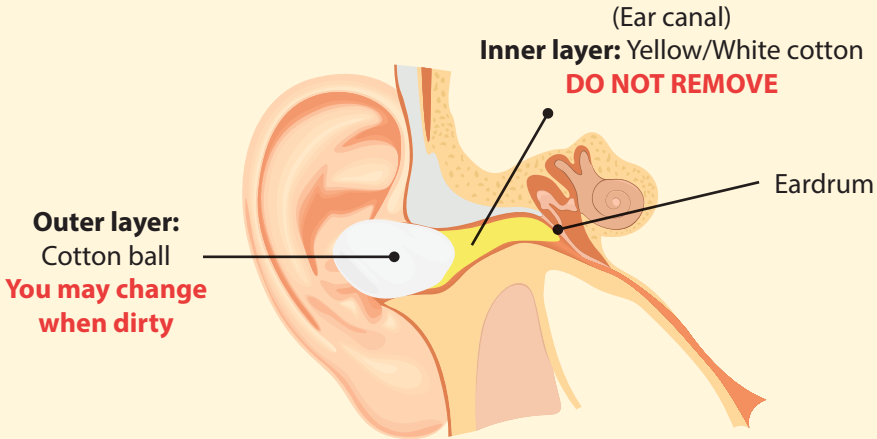
The facial nerve supplies muscle movement to half of the face. A segment of the facial nerve is located in close proximity where mastoidectomy and myringoplasty surgeries are performed. It is extremely rare for injury to be made to the facial nerve during myringoplasty but the risk is slightly higher in mastoidectomy. Injury to the nerve may result in unilateral facial drooping and facial asymmetry. This effect is usually temporary and the doctor will monitor and propose corrective surgery and other treatment if required.

How will the wound look like?

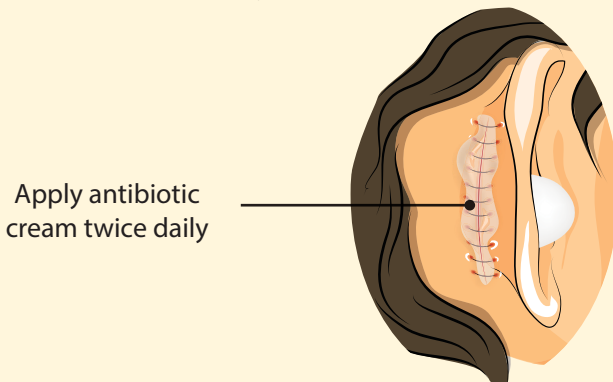


What do I need to do?

- You will be given a packet of cotton balls and a plastic denture cup. You may change the outer cotton ball when it is dirty or blood-stained. DO NOT remove the inner layer of cotton/yellow ribbon.



- Use the denture cup or similar object to cover your operated ear when showering. This will help to minimise water contact. Please do not engage in water sports/activities.
- Apply antibiotic cream twice daily.



- No heavy lifting/exercising for 1 month.
- Avoid flying for 4-6 weeks.
- Do not blow your nose.



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Operating hours:
8.30 am to 8.00 pm (Monday to Friday)
8.30 am to 12.30 pm (Saturday & Sunday)
Closed on Public Holiday

For more information, please visit www.cgh.com.sg



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Information is valid as of September 2019 and subject to revision without prior notice.

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