## ENT & FACIAL PLASTIC SURGICAL ASSOCIATES, LLP BRETT L. MOSES MD / JOEL D. JAFFE MD / LEE H. MILLER MD / MARK J. BURSTEIN MD (215) 757 – 7300 (609) 890 - 7800

## TYMPANOPLASTY AND POSSIBLE OSSICULAR CHAIN RECONSTRUCTION

Indications: It has been recommended that you have a tympanoplasty and possible ossicular chain reconstruction. This is frequently performed because of persistent perforation of the tympanic membrane often complicated by recurrent ear drainage and conductive hearing loss. Medical treatments such as continued antibiotics, ear drops, waiting an additional amount of time, and/or consider a hearing aide for the hearing loss may be alternatives to surgery.

<u>Material Risk:</u> In general this is safe and effective surgery with a 80% - 90% success rate. There is always a risk of persistent perforation, additional or persistent hearing loss that may be conductive or nerve loss, dizziness, change in taste in the anterior part of the tongue, metallic taste, weakness of the facial nerve, tinnitus, ear drainage, scarring, infection, bleeding, that may need further surgery, and anesthesia. These may be temporary or permanent.

What to expect: You will usually be discharged the day of surgery and will have a dressing wrapped around your head, putting gentle pressure over the ear. You will usually be asked to return to the office the next day to have the dressing removed (In some circumstances you may be asked to remove the dressing yourself). Once the dressing is removed, there will be an incision behind your ear that you are to clean 3 times a day with hydrogen peroxide and antibiotic ointment till the sutures dissolve (about 3 weeks). When you shower you can get this posterior ear incision wet and even clean gently with soap. The ear canal will be packed with a dissolvable packing that will make your ear feel clogged. Every attempt should be made to keep the ear canal dry (except for the ear drops). This may accomplished by placing a cotton ball impregnated with antibiotic ointment. You may also use the cotton with antibiotic ointment in the ear canal if the ear is draining in the early postoperative period. You will be started on antibiotic ear drops to be continued till the 6 week follow up appointment (call to have the drops renewed if you run out before this 6 week follow up). These drops are used to dissolve the ear canal packing slowly and prevent infection. You will also be given an oral antibiotic to take for 10 days and pain medicine to use as needed. You will then follow up again in one week to go over any pathology and exam the wound. Your next follow up will be in about 4 - 6 weeks and after using the ear drops for the entire time, most of the packing will be dissolved and some cleaning of the canal will be performed. Your next follow up will be in another 4 - 6 weeks at which time a follow up hearing test may be performed and the status of the repair will be assessed.

You may see some blood in the ear and occasionally some of the dissolvable ear canal packing may fall out and look like bloody tissue, this is nothing to worry about. You can expect some mild dizziness the first couple days after surgery and your ear will feel clogged. If you feel your head dressing is excessively tight causing pain or excessive pressure in areas other then the operated ear, excessive dizziness, swelling behind the ear, or weakness of your face, call the office immediately for instructions (215-757-7300 or 609-890-7800). If the doctor cannot be reached in a timely fashion you should go to the nearest emergency room. We ask that you refrain from heavy lifting or exercise for two weeks after the surgery and avoid flying till after your 6 week follow up appointment.

have read the above and had the opportunity to discuss and ask my Doctor and/or office staff any questions and I fully understand my alternatives and the risk of this procedure.		
	Patient Signature (or authorized signature)	Date
	Witness	Date