



Children's Health Ireland  
at Temple Street

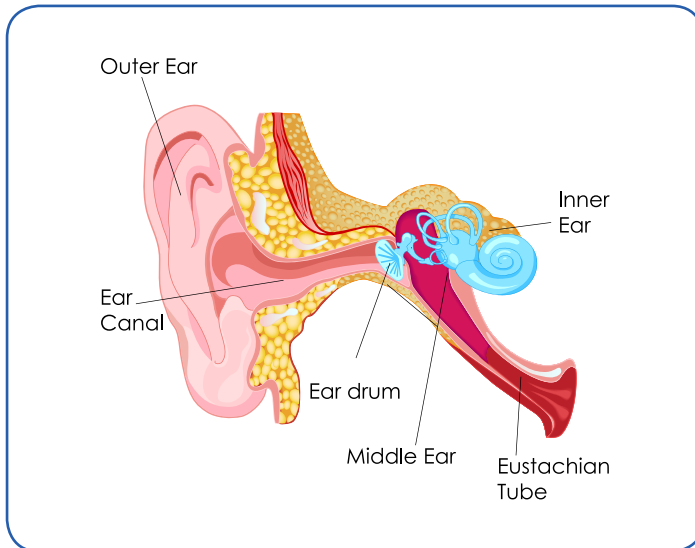
# Information for Parents and Carers About Their Child's Tympanoplasty with or without a Mastoidectomy



## Why does my child need a tympanoplasty with or without a mastoidectomy

This surgery is done for a perforated eardrum, chronic ear discharge, or a condition called cholesteatoma.

If your child needs this operation the surgeon will discuss it with you in detail.



## How is the surgery done?

The operation is done under general anaesthetic. An incision (cut) is made behind the ear or above the ear canal. Occasionally, your child's surgeon may need to widen the ear canal to access the ear safely.

Tissue and cartilage will be taken from beneath the skin of your child's ear or scalp to reconstruct their eardrum and potentially other parts of the ear. This is called a **Tympanoplasty**.

For some children, it may be necessary to drill bone around their ear to remove infection and dead skin cells; this is called a **Mastoidectomy**. A mastoidectomy is completed through the same incision as the tympanoplasty.

Dressings are placed into the ear canal. Your child may also have an external dressing and head bandage for the first post-operative night.

## **Before your child's operation**

Inform the ENT department if your child develops a sore throat, cold sore, high temperature or ear discharge in the week before surgery.

If your child has been in contact with a person with measles, mumps or chickenpox, please contact us as it would be safer to cancel their operation for three weeks.

Your child should not have any vaccinations within 48 hours before their surgery.

## **How long is the hospital stay?**

Your child will be in hospital for up to 2 days. After that time they will be discharged home when they are eating and drinking and feeling well.

## **Risks of tympanoplasty with or without a mastoidectomy**

There are some risks that you should be aware of before this surgery. It would be best if you discussed these with your consultant.

Despite the surgeon's best efforts, the graft may fail to "take" and the perforation may remain. The more extensive the perforation, the more difficult it is to repair.

In rare instances, damage to the facial nerve can occur, causing a facial palsy or weakness of the muscles of the face. The nerve may not recover.

Rarely, a permanent hearing loss can follow this surgery.

An improvement in hearing may not be apparent despite the operation being successful.

Ringing in the ear (tinnitus) or dizziness may occur and may be temporary or permanent.

The taste nerve runs close to the eardrum. If this nerve is stretched or damaged during surgery, it can cause an abnormal taste on one side of the tongue. Taste disturbance is usually temporary, but on occasion, it can be permanent. The ear (pinna) might feel numb after the operation.

Occasionally the ear may develop an allergic reaction to the dressings in the ear canal. If this happens, the outer ear (pinna) may become swollen and red. If this happens, contact the ENT Department to arrange a change of dressing. Any allergic reaction should settle down after a few days.

Sometimes the scar may be thickened or wide. This is called keloid scarring. An operation or steroid injections may be required.

A number of operations may be needed to improve your child's ear problem.

## Post-operative advice on discharge from hospital after tympanoplasty / mastoidectomy

Keep your child's ear dry at all times. Do not wash their hair until after their first out-patient appointment.

There may be a bloody discharge from your child's ear, which can be seen on their ear pack; this is normal. Do not remove the ear pack. It will be removed at your child's out-patient appointment.

If your child has stitches, these will be removed at their first out-patient appointment.

If your child complains of severe pain, has excessive bleeding / discharge from their ear or has redness around their ear or stitch line contact the ENT Department or attend the Emergency Department.

If your child develops a cold within two weeks of their operation contact your GP as an antibiotic may be required.

Your child should avoid blowing their nose.

Your child should stay off school until after their first out-patient appointment.

Your child should avoid contact sports until otherwise advised by the ENT team.

Ask your child's consultant when your child can safely fly again.



## **Out-Patient Appointment**

Your child will be seen in the out-patient department.

Please make sure you are given an appointment before you are discharged from the hospital.

## **Contact Details**

Monday to Friday 8 am - 4 pm 01 878 4318 or bleep 785  
outside these hours please contact the  
Emergency Department through the hospital switchboard  
01 878 4200

## **ENT Consultants**

Prof. Helena Rowley

Prof. Michael Colreavy

Mr Stephen Kieran

Ms Eimear Phelan

Ms Ann O'Connor

Ms Colleen Heffernan

## **ENT Clinical Nurse Specialists**

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The information contained in this leaflet is correct at time of print