

Remember...

- If your child has pain or discomfort, give the usual painkillers
- Keep the ear dry. Be very careful when washing your child's hair and they must not go swimming
- It is recommended that you keep your child off school for about 2 weeks
- Avoid your child catching a cold because if the ear becomes infected, it will destroy the graft
- There is a small risk that the ear may bleed when you get home. If this happens, telephone the ward for advice or see your GP
- Your child may feel rather tired for a week or so, but this will steadily improve.

If you have any questions or concerns, please contact the Paediatric Unit at Queen Alexandra Hospital. Tel: (023) 9228 6622 or your GP.

Consent- What does this mean?

Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation). Young people are presumed to be able to give consent depending on their maturity and the nature of the decision.

Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available www.dh.gov.uk

Information we hold about you and your rights under the Data Protection Act

Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities!' for further guidance.

How to comment on your treatment

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail portsmouthhospitals.patientexperience@porthosp.nhs.uk

Other sources of information:

NHS Direct online: www.nhsdirect.nhs.uk
Helpline: tell: 0845 4647

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Myringoplasty

Some details about your child's ear operation



Shipwreck Ward
Queen Alexandra Hospital, Cosham
Tel: (023) 9228 6391

Specialist Support

If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.



This leaflet has been provided to answer some of the questions you may have about **Myringoplasty**.

What is Myringoplasty?

This is an operation to close the hole (perforation) in your child's eardrum.

Why is this operation necessary?

Because your child's ear drum has a hole in it, germs may be able to go through it and cause an ear infection, especially if water gets into the ear from hair-washing, swimming or taking a shower. Sealing up the hole should prevent your child from getting so many ear infections. It may also improve their hearing. The surgeon will explain how much your child's hearing should improve from having the operation.

Are there any alternatives?

Sometimes, holes in the eardrum heal themselves. In your child's case, this has not happened. Drops or tablets will not make the hole close up. If the hole is left open your child risks getting more ear infections every time they get water in the ear.

Before the operation

You and your child will be asked to attend the ward a week before the operation. This gives you the opportunity to talk to the nurse/doctor and ask any questions. The doctor will also assess your child to make sure they are fit enough for surgery. You will be asked to sign a consent form so it is important that you or a legal guardian is with your child at this time.

Your child's stomach will need to be completely empty before the operation in order to have a safe anaesthetic. You will be sent instructions explaining when to give your child their last food and drink along with your appointment to come into hospital

What happens during the operation?

Your child will have a general anaesthetic and be completely asleep and so will not feel any pain.

A cut is made in the skin around the ear. From inside this cut, the surgeon takes a small, thin piece of tissue. This tissue (graft) is used to seal up the hole in the eardrum. A dressing soaked in antibiotic drops is then put into the ear passage and stays in place for 2 weeks while the graft and eardrum are healing up.

Cotton wool padding is placed over the ear and is held in place with a bandage. Your child may need an overnight stay in hospital.

What happens after the operation?

The ear may be a little sore and your child will be given regular painkillers on the ward by the nursing staff. This can be medicine, tablets or suppositories.

Your child must not blow their nose or stifle any sneezing as this could increase the pressure underneath the eardrum and could push the graft out of place.

Your child may: -

- Feel a little dizzy. This is quite common and medicine can be given if dizziness continues
- Notice a strange squelching, buzzing or popping noise in the ear. This is due to the dressing in the ear and usually stops when the dressing is removed
- Be able to drink if not feeling sick an hour or so after the operation and should be able to have a normal diet and fluids the next day

The dressing

The bandage will be removed on the day after the operation. The wound above the ear will be checked to make sure there is no swelling.

The dressing in the ear passage must stay in place undisturbed for 2 weeks, this will be kept in place with a piece of cotton wool. The cotton wool can be changed when you get home but you must be careful not to pull out the dressing underneath

The stitches need to stay in for 1-2 weeks. Once the bandage has been removed, this wound does not need to be covered up. It will have been sprayed with cellulose varnish during the operation and this will protect the wound. After 7-10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off.

Usually your child will be fit enough to leave hospital the day after the operation.

When you leave the ward you will have to see your child's Practice Nurse for removal of stitches and you will be given an ENT outpatients appointment for the removal of the dressing from the ear canal