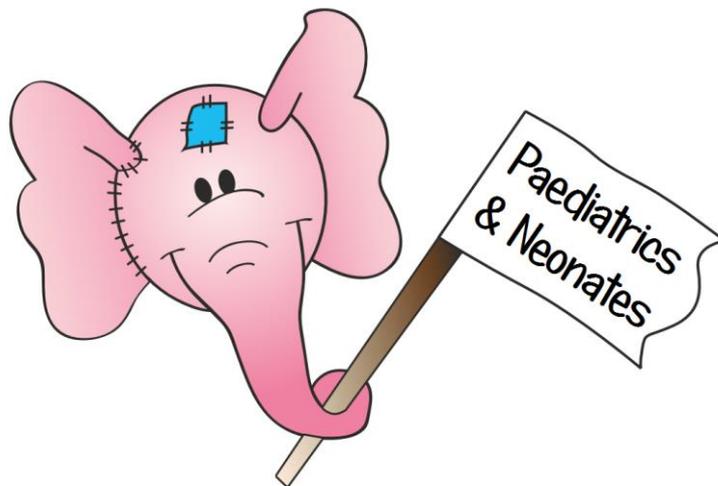


# Operation to repair the eardrum

**Children's Ward**

**Parent/Carer Information Leaflet**



## **Introduction**

Your child's consultant has suggested that your child has an operation to repair a hole (perforation) in their eardrum that has not healed naturally. This leaflet explains more about the operation, the benefits and risks, and what to expect when your child comes to hospital.

If you have any questions or concerns, please contact a member of the Children's Ward.

## **Why does my child need this operation?**

An infection or injury can be the cause of the hole in the eardrum.

If any part of ear is damaged, sound may not be able to travel through into the inner ear. There are many reasons why sound cannot get through, including a hole in the eardrum or problems with the tiny bones in the middle ear.

There are two types of operation:

- A myringoplasty – this is used if your child has a hole in their eardrum.
- A tympanoplasty – this is used if the three small interlinked bones in the middle ear, called ossicles, are damaged as well as the eardrum.

The aim of the operation is to make the middle ear watertight to stop discharge coming out of the ear and to prevent infection coming back.

## **What does the operation involve?**

The surgeon will make a cut behind or in front of your child's ear. It is possible that a piece of tissue (a graft) from near the ear may be needed to repair the hole in the eardrum. This will be taken from the temporal muscle, part of which is behind your child's ear.

During the operation, your child may need to have part of their head shaved around the ear, to allow the doctor to have access to this muscle.

If the tiny bones need repairing, the surgeon will use a synthetic bone or sometimes part of the child's own bone can be used.

The operation is carried out using a general anaesthetic, which means your child will be asleep.

## What is the benefit of the operation?

The benefits of the operation are:

- To help prevent the middle ear from becoming infected.
- It may improve your child's hearing. However, if the eardrum is badly scarred, this may not be possible.

## What are the risks?

As with all surgery, there are a few risks:

- Bleeding – if there is any bleeding through the bandages, or your child is in severe pain, please contact the Children's Ward on 01384 244271 immediately.
- Your child may get an infection in their ear after the operation. If this happens, they may need to have antibiotics.
- The nerve that supplies the muscles of the face goes through the middle ear. There is a very small risk of this nerve being damaged which may lead to facial weakness.
- Scarring – the operation will result in your child having a small scar, either in front of or behind the ear.
- Some children may:
  - Experience a temporary decrease in hearing due to swelling and packs within the ear.
  - Occasionally have a temporary decrease in the taste sensation on the side of the tongue.
- There are some rare risks of general anaesthetics which you can discuss with your child's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your child may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

You can discuss the risks with your child's doctor.

## What is the alternative?

Antibiotics can be used to treat ear infections. Your child may already have been treated with antibiotics. You will need to discuss the effectiveness of antibiotic therapy with your child's doctor.

## What happens before the operation?

We will give you instructions about when your child needs to stop eating and drinking before the operation, with your appointment letter.

## **What happens when we come for the operation?**

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wristband on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the nurse will ask you to sign a consent form, if you have not already signed one at a previous appointment.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. The surgery will last between half an hour to three hours, depending on the type of operation.

## **What happens after the operation?**

On waking, a nurse will bring your child back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine, if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

Your child may have a pressure bandage around their head after the operation. This is to reduce the risk of bleeding. The bandage will be removed the morning after the operation, as long as there is no bleeding.

They are likely to have packs in their ear(s). These will usually be removed two to three weeks after surgery, in the ear, nose and throat (ENT) clinic.

### **Will my child be in pain?**

It is usual for your child to be uncomfortable for a few days after this operation. We will give them pain relief while they are having their operation and they can have regular pain relief when they are back on the ward.

We recommend that you give them a simple painkiller such as paracetamol, if your child is able to tolerate it (always read the label; do not exceed the recommended dose). Brand names of this include Calpol, Disprol and Medinol. Please ask for advice from your pharmacist, if you need it.

### **When can my child go home?**

Your child will need to stay in hospital for at least one night after the operation, depending on the consultant's advice. One parent is welcome to stay overnight with their child.

Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The approval of the ENT team to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

## How do I care for my child after their operation?

- Keep your child's ear dry until your doctor advises you that the ear is completely healed. Plug the ear with a cotton wool ball coated with Vaseline when your child is having a shower or washing their hair.
- Your child should not blow their nose or try to pop their ears as this increases the pressure around the area where the surgery has taken place.
- If your child needs to sneeze, they should keep their mouth open.
- If the packing in their ear starts to come out, trim the excess off and leave the remainder in place. Do not attempt to push it back in.
- You can change the outer dressing as often as necessary. However, if the pack comes out, please contact the Children's Ward on 01384 244271 for advice.
- Your child may get a blood-stained or watery discharge from their ear while the pack is in. If this becomes thick or starts to smell horrible, ask for advice from the Children's Ward or your GP.
- If your child has been prescribed antibiotics, please complete the full course.

## Follow up

Your child's stitches may be dissolvable or may need to be taken out. If the stitches need to be removed, we will give you a letter to take to your GP surgery. The nurse at the surgery can take them out about five to seven days after the operation. Your nurse will advise you about this.

We will give you an appointment before you leave hospital for your child to have the packs in their ear(s) removed in the ENT clinic, about two to three weeks after surgery.

If your child needs to see their ENT doctor again, we will give you an outpatient appointment before you leave hospital or send you one through the post.

## When can my child go back to school?

Your child should not go back to school until the packs have been removed from their ears, two to three weeks after surgery.

## What about other activities?

Your child must not take part in boisterous activities or contact sports until after the packs have been removed.

You will need to discuss swimming with your child's ENT doctor.

## What should I look out for?

If your child shows signs of the following during the next few weeks, always seek advice from the Children's Ward, your GP or the Emergency Department:

- High temperature
- A lot of pain
- Being sick

Even if the wound looks fine, this could mean that your child has an infection.

## Can I find out more?

You can find out more from the following weblink:

### **NHS Choices**

<http://www.nhs.uk/Conditions/Perforated-eardrum/Pages/Introduction.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

### **This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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