

# Tympanoplasty

The goal of tympanoplasty is to close the hole, or perforation, in the eardrum.

- The incision can either be in the ear canal, or more commonly, behind the ear. The eardrum is lifted up and the middle ear examined. If necessary, the canal is widened.
- Scar tissue is removed.
- If the ear bones are eroded or damaged, it may be necessary to replace these with a prosthesis.
- A piece of fascia (tough tissue) is taken from behind the ear or from the cartilage in front of the ear and placed under the eardrum to seal the hole.
- This piece of tissue serves to allow the eardrum to heal itself.
- The ear canal is then packed to hold the tissues in place.
- The incisions are stitched closed.



**BEFORE**



**AFTER**

## What are the risks of tympanoplasty?

- The repair is successful 90% of the time. Larger holes, or holes that have previously been repaired have a higher failure rate.
- The balance organ is part of your ear as well. Temporary mild dizziness is common after ear surgery. Permanent dizziness is rare.
- Usually your hearing will be the same or better after surgery. It is possible to have worse hearing, though this is very uncommon. Complete hearing loss following surgery is rare.
- The facial nerve is the nerve that moves the muscles of your face. This nerve travels through the middle ear. This nerve may be damaged, but this is very uncommon.
- The nerve that supplies taste sensation to the side of the tongue travels through the middle ear. This nerve can be stretched resulting in a metallic taste in the mouth. This is almost always a temporary condition. If the nerve is cut, there will be a loss of taste on that side of the tongue.

