



**South Infirmary-Victoria University Hospital**

**Tympanic membrane perforation  
(A hole in the ear drum)**

Your Questions Answered

Patient Information Leaflet

**What is a hole in the eardrum?**

A hole in the eardrum is known as a “perforation”. It can be caused by infection or injury to the eardrum.

Often the hole in the eardrum may heal itself. Sometimes it does not cause any problems, but it may cause discharge or infections.

**How is the condition diagnosed?**

By direct inspection of your eardrum by the ENT surgeon or your GP. The amount of hearing loss can be determined by hearing tests.

**How can a hole in the eardrum be treated?**

If the hole in the eardrum has only just occurred, no treatment may be required as it simply heals itself. If an infection is present, you may need antibiotics. You should avoid getting water in the ear until the eardrum heals.

A hole in the eardrum that is not causing any problems can be left alone. If the hole in the eardrum is causing discharge or deafness, or if you wish to swim, it may be advised to have the hole repaired. The operation is called a “myringoplasty” or “tympanoplasty”.

**Aims of the operation**

The benefits of closing the hole include the prevention of water entering the middle ear while showering, bathing, or swimming (which could cause ear infections).

**How is the operation done?**

Most surgeries are done under general anesthetic. A cut is made behind the ear or above the ear opening. The material used to patch the eardrum is taken from under the skin or sometimes a commercially available eardrum patch. Dressings are placed in the ear canal. You may have an external dressing and a head bandage for a few hours. For a small perforation, your surgeon may even be able to plug it without making any cut in the ear.

Occasionally, your surgeon may need to widen the ear canal with a drill to get to the perforation.

**How successful is the operation?**

The operation can successfully close a small hole nine times out of ten. The success rate is not quite so good if the hole is large.

**Possible complications**

Although rare, there are some risks that you must be aware of before giving consent to surgery.

**Taste disturbance:**

The taste nerve runs close to the eardrum and may occasionally be damaged. This can cause an abnormal taste on one side of the tongue. This is usually temporary but occasionally it can be permanent.

**Dizziness:**

Dizziness is common for a few hours following surgery. On rare occasions, dizziness can last for months or even years if the inner ear is damaged during surgery.

**Hearing loss:**

In a very small number of patients, severe deafness can happen if the inner ear is damaged.

**Tinnitus:**

Sometimes the patient may notice noise in the ear, in particular if the hearing loss worsens.

**Facial Paralysis:**

The nerve that controls the movement of the muscles in the face runs inside the ear and may be damaged during the operation, but this risk is rare. If it happens, the face may lose its movement on one side but it is usually temporary.

**Allergic reaction to the ear dressings:**

Some patients may develop a skin reaction to the ear dressings. If your ear becomes itchy or swollen, you should seek advice from your surgeon.

**What happens after the operation?**

You will usually go home the same day or sometimes the day after the operation.

The ear may ache but this can be controlled with painkillers provided by the hospital.

The stitches/staples will be removed 1 week after the operation by your GP.

The inner dressing will be removed in 1 to 2 weeks by your surgeon.

There may be a small amount of discharge from the ear canal from the ear dressings.

You should keep the ear dry and avoid blowing your nose too vigorously. Plug the ear with a cotton wool ball coated with Vaseline or olive oil every time you are having a shower or washing your hair.

If the ear becomes more painful or is swollen then you should consult the ENT department or your GP.

### **How long will I be off work?**

The exact time needed off work varies between patients, but as a guide, you may need to take two to three weeks off work.

We hope this leaflet is useful to you. If you have further questions, please ask the nurse/doctor.

If you experience **extreme Pain or Bleeding**, please contact our **Emergency department**, your GP, or the nearest Emergency Department.

**South Infirmary-Victoria University Hospital Emergency department opening hours:**

**24 hours/7 days**

**Phone nr 021 4926100**