Myringotomy and grommet insertion

What is myringotomy and grommet insertion and why do I need this operation?
Myringotomy and grommet insertion is performed to allow air to circulate freely in the middle part of your ear. This is usually performed to help with hearing loss due to fluid in the middle ear or to relieve pain due to poor air flow in the middle ear. This may, in most instances, increase the function of conductive hearing capability.

What are the benefits of having myringotomy and grommet insertion?
The benefit of having myringotomy and grommet insertion is that your middle ear will be relieved of congestion and your hearing should improve. However, it must be stressed that this only occurs if a conductive hearing loss is present.

What are the risks and consequences and alternatives associated with having myringotomy and grommets?
Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:

The most common potential problems are:

- Your ear may be sore following the procedure. However, this usually subsides within 1 - 2 days. You may also experience a blood stained discharge from your ear which may persist for 2 days. This is generally just a trickling and should not be too problematic for you. However if you are concerned, please contact your GP for further advice.

- The myringotomy and/or grommet insertion will cause scar tissue to form on the eardrum, weakening this part of eardrum. This occurs on a relatively small area but if you are concerned, please speak to your consultant. There is a small risk of residual perforation of the eardrum once the grommet has come out.

- Occasionally, a pus stained discharge may occur following insertion of grommets. If this occurs, please see your own GP who will organise some medication for you.

If you are concerned about any of these risks or have any further queries, please speak to your consultant.

Your consultant has recommended this procedure/treatment as being the best option. However, the alternative to this procedure/treatment is to have a hearing aid. There is also the option of not receiving any treatment at all. The consequence of not receiving any treatment is failure to resolve symptoms.

If you would like more information, please speak to your consultant or one of the nurses caring for you.
**Getting ready for the operation**
You will be called to a pre-admission clinic to see the specialist nurse who will carry out investigations (such as blood tests etc), and explain the operation to you. You will be asked some routine questions about your general health, medication and any allergies you may have.

Please feel free to ask questions and raise any concerns you may have regarding your operation.

If you have been prescribed eardrops and/or nasal drops, please continue using these whilst waiting for your operation, unless otherwise advised by the doctor.

For a time before a **general anaesthetic** you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this.

**On admission**
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

You will have the opportunity to discuss your operation with staff. It is important that you understand what you have come into hospital for, as you will be asked to sign a consent form to this effect.

You will then be given the opportunity to walk to theatre or alternatively you could be taken to theatre on a trolley.

A small needle or cannula will be inserted into the back of your hand. The operation is performed through your ear which means there is **no external cut (incision)**.

**What sort of anaesthetic will I have?**
Your operation may be performed either under a general (you will be asleep) or local anaesthetic (you will be awake).

If a general anaesthetic is performed, you are advised not to drive for 48 hours.

You will be given information and an opportunity to discuss the anaesthetic with the anaesthetist.

**What should I expect after the operation?**
When you return to the ward you may be sleepy. Your blood pressure and pulse will be monitored at regular intervals until you are fully recovered.

A drink of water will be offered 1 - 2 hours after your return to the ward.

**Going home**
Usually you are able to go home either on the day of the operation or the day after your operation, depending on the surgeon’s instructions. Staff will be able to answer any questions you may have before your discharge.
DISCHARGE INFORMATION AND AT HOME ADVICE
Your ear may feel uncomfortable after your operation which may last for 2 days.

There may be a discharge from your ear, occasionally blood stained which should ease over 2 days.

If you experience any pain, take what you normally would take for a headache. Follow the manufacturer’s instructions and do not exceed the normal dose.

If you smoke, we strongly advise you not to do so as this irritates the lining of the middle part of your ear.

Keep your ears dry - try not to get water in them when washing.

Important information for day case patients who have had a general anaesthetic
The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. You are under the influence of drugs during this time and therefore there are certain things that you should and should not do.

You should:

- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a soft diet. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact your GP if you have not passed urine 12 hours after your operation.
- Have a lie-in the next day. It could take 2 - 3 days before the weariness wears off and you could suffer lapses in concentration for up to a week.

For at least 24 hours after your operation you must not:

- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer as this can cause blurred vision.
Returning to normal activities
We advise you to take a minimum of 2 days off work; however this depends on your employment so please seek advice from the ward staff.

We advise that you take care if swimming. If you have grommets inserted into your ears, you must not:

- DIVE UNDER WATER
- SWIM UNDER WATER

The reason for this is that the pressure change could result in pain, infection and malfunction of the grommets.

Normally the grommets will work their way out of the eardrum after 6 weeks - 18 months.

Further appointments
A follow up appointment will be sent to your home address.

Useful contacts
For further information visit:

www.entuk.org
www.patient.co.uk

We hope your recovery is speedy and uneventful.

If you have any queries, please telephone
Head and Neck Outpatients on 01332 787472,
Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends, contact
Ward 307 on 01332 787307