

Cartilage Tympanoplasty

Procedure-Specific Information & Consent

This document explains the planned procedure for patients and parents/guardians.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Recommended procedure

Side: ☐ Right ☐ Left

Tympanoplasty ± ossiculoplasty ± cartilage grafting or Biodesign repair

Based on findings during surgery, your surgeon may adjust the repair. This may include repair of the hearing bones and use of cartilage or Biodesign material as needed.

2. Why this procedure is recommended

To help address one or more of the following:

- Persistent tympanic membrane perforation (a hole in the eardrum that has not healed)
- Recurrent ear infections related to perforation
- Conductive hearing loss (hearing loss caused by sound not passing normally through the eardrum or middle ear)
- Chronic ear drainage
- Structural weakness or retraction of the eardrum
- Failed prior tympanoplasty

The main goal is to close and strengthen the eardrum. Hearing may improve, but this is a separate outcome and is not guaranteed.

3. What the procedure involves

- Performed under general anesthesia (medicine that keeps you asleep), given by an anesthesia specialist
- The tympanic membrane (eardrum) is repaired using cartilage or Biodesign material, depending on what is needed
- Graft positioned to reinforce and reconstruct the eardrum
- Microscopic ear surgery performed through the ear canal or via a small incision
- The ossicular chain (the small hearing bones) is assessed and may be repaired if needed
- Procedure duration typically 60–120 minutes, but this can vary
- Most patients go home the same day

4. Expected benefits and limitations

Potential benefits:

- Closure of tympanic membrane perforation
- Reduction in recurrent infections
- Improved water protection of the middle ear
- Improvement in conductive hearing loss
- Increased structural stability of the eardrum

Important:

Closing the eardrum and improving hearing are separate outcomes. Hearing may improve, stay the same, or worsen. Ossicular reconstruction may be needed to improve sound movement through the middle ear.

5. Risks and side effects

Common or expected:

- Ear discomfort or pressure
- Temporary muffled hearing from packing
- Ear canal packing that may dissolve on its own or may need removal at follow-up

- Mild dizziness or imbalance (usually short-lived)
 - A temporary change in taste; rarely, the change may last
 - Pain, numbness, or a small scar where cartilage is taken or where an incision is made
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Less common but important:

- Persistent perforation (graft failure)
 - Recurrent perforation over time
 - Hearing that stays worse after surgery; rarely, the hearing loss may be severe
 - Infection
 - Bleeding
 - Persistent dizziness
 - Tinnitus
 - Facial nerve weakness (rare)
 - Cholesteatoma development (rare)
 - Need for revision surgery
 - Anesthesia-related risks (discussed separately with anesthesia specialist)
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6. Graft-specific considerations

- The repair may use cartilage from the outer ear or Biodesign graft material.
 - A graft may move, thin, or not heal as planned. Further treatment or revision surgery may be needed.
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7. Alternatives

- Observation
 - Hearing aid amplification
 - Paper patch / office-based repair (in selected small perforations)
 - No treatment
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8. Recovery expectations

- Ear packing may dissolve or be removed at follow-up. Your surgeon will explain the plan.
- Keep ear dry until cleared
- Avoid heavy lifting, straining, or forceful nose blowing
- Avoid air travel until cleared
- Hearing improvement may take several weeks as packing dissolves or is removed
- Follow-up is essential. A hearing test (audiogram) is usually done after healing.

Seek urgent medical care for:

- Severe dizziness
- Facial weakness
- Increasing pain
- Fever
- Persistent drainage
- Sudden hearing loss

9. Acknowledgement

The procedure, risks, possible benefits, other choices and recovery have been explained to me. My questions have been answered. I understand that I still need to complete the hospital consent form.

Patient / Parent / Guardian Name: _____

Signature: _____ Date: _____