

Myringotomy- A brief note

Myringotomy is a surgical procedure where a tear is made in the tympanic membrane (ear drum).

This is indicated in two situations. 1) Middle ear effusion (MEE) where fluid replaces air in the middle ear. 2) Acute otitis media (AOM) where pus replaces air in the middle ear. Myringotomy helps in letting out fluid or pus. In some cases of MEE fluid will be thick and sticky almost like glue. Here after letting out the contents from the middle ear a small ventilation tube namely grommet or T tube is kept in the tear. This is to provide aeration of the middle ear and restore normal function. This is called **tyimpanostomy**.

Prior to surgery hearing is assessed by pure tone audiometry. Tympanometry is done to confirm the presence of fluid in the middle ear. General medical status is assessed by blood investigations and ECG. Details regarding diseases, medications, allergies should be shared with the doctor. There will be restrictions regarding intake of food and fluid before and after surgery. It should be complied with. Please read document named **instructions to patients posted for surgery** for more information.

Since surgery is usually done for children it is done general anaesthesia. In adults local anaesthesia will suffice. It is done using surgical microscope. It is done by making an incision in the eardrum. Main intention of surgery is to improve hearing

This is achieved in almost all cases.

After surgery the patient is kept in post operative ward under observation for 3-4 hours. In cases where further monitoring is required, the patient is shifted to ICU. Oral feeds can start 5 hours after surgery.

Analgesic and antibiotic are given usually. It is an outpatient procedure and patient can go home after oral feeds.

One should take care to avoid water entering the ear. Head and body bath can be taken next day onwards. It is a relatively safe surgery and the post operative period is smooth and without much complaints. First postoperative visit is on the 7th day. Further follow ups at intervals of 6 and 12 months to know whether ventilation tubes have extruded or not. At times ear discharge may occur during cold especially when tube is in place. Audiometry may need to be done if there is no appreciable improvement in hearing.