

Procedure Information Sheet - Myringotomy +/- Ventilation Tube Insertion

Introduction

1. To make a hole in the eardrum (Myringotomy).
2. Placement of a ventilation tube through the eardrum.

Indication

1. Secretory otitis media.
2. Eustachian tube dysfunction.
3. Acute otitis media.

Intended Benefits and Expected Outcome

1. To normalize the middle ear pressure.
2. To drain the middle ear.
3. Hearing improvement.
4. There is a chance of incomplete relief of symptoms and recurrence after extrusion of the grommet.

※ Conditions that Would Not be Benefited by the Procedure

1. Tinnitus.
2. Dizziness.

Procedure

1. The operation is done under local or general anaesthesia.
2. Under the microscope, a small incision is made over the eardrum and the middle ear fluid is aspirated.
3. A ventilation tube may be inserted to allow ventilation of the middle ear.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.

Possible risks and complications

- Common risks and complications ($\geq 1\%$): Recurrence, infection, bleeding, residual eardrum perforation.
- Uncommon risks with serious consequences ($<1\%$):
 1. Hearing loss.

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2. Vertigo.
3. Facial nerve damage.
4. Dislodgement of ventilation tube into middle ear.
5. Implantation cholesteatoma.
6. Death due to serious surgical and anaesthetic complications.

Post-operative information

1. Small amount of blood stained ear discharge is normal. Please keep your ear dry.
2. Follow up on schedule as instructed by your doctor.

Alternative treatment

1. Medical treatment.
2. Hearing aid.

Consequences of No treatment

1. Persistent hearing loss.
2. Progression of infection with complications.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____