

# Arizona Hearing & Balance Center

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## Tympanoplasty - Results & Risks

*Your ear problem may be helped by a tympanoplasty. As with any surgery, there are gains but also risks. You must keep in mind that your hearing may be worse after surgery. The following information will help you understand the results and risks of tympanoplasty.*

### **Hearing Loss:**

Although 80% of patients experience hearing improvement, 19% have the same hearing and 1% have a further or complete loss of hearing.

### **Dizziness:**

Temporary dizziness, lasting up to a month, happens in 5% of patients, but permanent dizziness happens in only 1 out of 1,000 patients. Dizziness is usually caused by erosion into the balance system from infection.

### **Taste Disturbances and Mouth Dryness:**

The nerve that supplies one-third of the taste to the tongue runs through the middle ear and may have to be pushed aside or cut in order to do a tympanoplasty. Therefore, a temporary taste disturbance occurs in 10% of patients and can last as long as one year. Permanent taste disturbance and dryness of the mouth may occur in 1% of patients.

### **Tinnitus:**

Tinnitus (noise in the ear or head) is often present in patients with a hearing loss; therefore, many patients already have tinnitus before surgery. After surgery tinnitus is often reduced but may be unchanged or, in rare cases, worse. Occasionally a patient that did not have tinnitus before surgery will develop it after surgery.

### **Facial Paralysis:**

The facial nerve controls movement on one side of the face and runs through the middle ear. A temporary paralysis of the face, lasting several days, is seen in 1% of patients. Permanent paralysis of the face is very rare, but may occur in 1 out of 1,000 patients.

### **Perforation:**

The purpose of a tympanoplasty is to close a perforation, or hole, in the ear drum, but not all patients heal the same and the perforation may recur. About 95% of patients have an intact ear drum after surgery, but 5% develop another perforation and require revision surgery. In revision surgery, 3 out of 4 patients will heal with an intact ear drum.

### **Infection:**

The major purpose of this surgery is to remove infection, and the chance of infection clearing is 95%. The remaining 5% of patients may still have some trouble with infection after the surgery. A second stage surgery may be necessary roughly one year from now.

*Our goal in performing a tympanoplasty is to provide you with the best chance for success with the least risk of failure. Like other aspects of life, there are no guarantees. If you have a bad result after surgery, we will do our best to treat the problem. Please let Dr. Fucci or our staff know if you have questions.*

**Tympanoplasty - Results & Risks**  
**Informed Consent**

*Our intent is to make sure you understand your or your child's ear surgery.*

(Please Circle)

1. Do you understand the type of surgery you will have?  
Yes                      No
  
2. Do you know the purpose of the surgery?  
Yes                      No
  
3. Were you told what we expect to accomplish?  
Yes                      No
  
4. Do you have a copy of Tympanoplasty Results & Risks?  
Yes                      No
  
5. Have you read Tympanoplasty Results & Risks?  
Yes                      No
  
6. Do you understand Tympanoplasty Results & Risks?  
Yes                      No
  
7. Do you understand there are no guarantees?  
Yes                      No
  
8. Are you satisfied that all your questions have been answered?  
Yes                      No
  
9. Are you allergic to any medications?  
Yes                      No

If yes, please list:

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Your surgeon will be:

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I ACKNOWLEDGE RECEIPT OF THE DOCUMENT ENTITLED  
**"TYMPANOPLASTY RESULTS & RISKS"**. I HAVE READ AND UNDERSTOOD  
THIS DOCUMENT AND HAVE HAD ALL MY QUESTIONS ANSWERED.

I HEARBY AUTHORIZE ARIZONA HEARING & BALANCE CENTER, ITS PHYSICIANS, NURSES, EMPLOYEES, AND AGENTS TO PERFORM THE SURGERY REFERRED TO HEREIN. I HAVE HAD AN OPPORTUNITY TO DISCUSS THE POSSIBLE RISKS AND REWARDS OF SUCH SURGERY WITH DR. FUCCI WHO HAS EXPLAINED THE PROCEDURE AND HAS ANSWERED ALL OF MY QUESTIONS TO MY SATISFACTION.

Patient's Name:

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Date of Surgery:

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Patient is scheduled for:

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Signature: \_\_\_\_\_ DOB \_\_\_\_\_