



EAR ATRESIA RECONSTRUCTION WITH SKIN GRAFT

Risks and Complications

Your ear problem may be helped by an atresia reconstruction with tympanoplasty and skin graft. As with any surgery there are not only gains but also risks. You must keep in mind that you may not benefit from the surgery, and your hearing may be worse after surgery. The following information will help you understand the results and risks.

Scarring: The primary goal of the first operation is to obtain a well-healed, open ear canal. This requires a skin graft to cover the bone of the new ear canal. If the skin does not heal well, scarring will occur and 10 to 15% of the time, the ear canal will close completely requiring additional surgery. The skin graft donor site (usually the inner aspect of the upper arm or the lower abdomen) usually heals without difficulty but is often discolored permanently.

Hearing: Although 80% of our patients experience a hearing improvement after surgery, 19% have the same hearing and 1% have a further or complete loss of hearing. The final hearing result may not be obtained until a second operation.

Dizziness: Temporary dizziness lasting up to a month occurs in 5% of patients, but permanent dizziness happens in only 1 out of 500 patients. Dizziness is usually caused by erosion into the balance system from infection.

ringing: Ringing in the ear (tinnitus) is often present in patients with a hearing loss. Therefore, most patients already have some ringing before surgery. After surgery ringing is usually less but can be worse and quite bothersome.

Facial Nerve Paralysis: An uncommon postoperative complication of ear surgery is temporary paralysis of one side of the face. The facial nerve can be in atypical locations in congenital ear abnormalities. Injury may occur as a result of an abnormality or a swelling of the nerve and usually subsides spontaneously. On occasion, the nerve may be injured at the time of surgery or it may be necessary to excise it in order to eradicate infection. When this happens a skin sensation nerve is removed from the upper part of the neck to replace the facial nerve. Paralysis of the face under these circumstances might last six months to a year, and there would be a permanent residual weakness. Eye complications, requiring treatment by a specialist, could develop.

Perforation: Incomplete healing of the new eardrum may result requiring revision surgery.

Taste Disturbance: 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 ear surgery. Therefore, 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.

Infection: The new ear canal and eardrum, as well as the skin graft donor site, can become infected after surgery. This is rarely serious and usually responds well to treatment.

Our goal in performing an atresia reconstruction with tympanoplasty and skin graft is to give you the best hearing possible with the least risk of failure. But like other aspects of life, there are no guarantees of success. If by chance you have a bad result after surgery, we will do our best to treat the problem. Please let me or my staff know if you have any questions.

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