Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Myringotomy ± Ventilation Tube Insertion

1. Introduction

1.1. To make a hole in the eardrum (myringotomy).
1.2. Placement of a ventilation tube through the eardrum.
1.3. Indications:
  1.3.1. Secretory otitis media.
  1.3.2. Eustachian tube dysfunction.
  1.3.3. Acute otitis media.

2. Procedural Preparation

2.1. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.2. Inform doctor for any drug allergy, regular medications or other medical conditions.

3. Procedure

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

4. Recovery Phase

4.1. Small amount of blood stained ear discharge is normal.
4.2. Please keep your ear dry.

5. Risks and Complications

5.1. Common Risks and Complications (≧1% risk)
  5.1.1. Recurrence.
  5.1.2. Infection.
  5.1.3. Bleeding.
  5.1.4. Residual eardrum perforation.
5.2. Uncommon Risks with Serious Consequences (<1% risk)
  5.2.1. Hearing loss.
  5.2.2. Vertigo.
  5.2.3. Facial nerve damage.
  5.2.4. Dislodgement of ventilation tube into middle ear.
  5.2.5. Implantation Cholesteatoma.
  5.2.6. Death due to serious surgical and anaesthetic complications.

6. Follow up after surgery

6.1. See the doctor as scheduled.

7. Remark

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

8. Reference

8.1. Hospital Authority. Smart Patient Website.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____