

Complications, Advantages of Myringotomy and its Nomenclature

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DESCRIPTION

A myringotomy is a surgical technique in which an incision is made in the tympanic membrane of the eardrum to drain middle ear pus or to relieve pressure brought on by an excessive build-up of fluid. To keep the middle ear aerated for a long time and to stop fluid from re-accumulating, a tympanostomy tube may be placed through the eardrum. The incision typically heals on its own within two to three weeks without the need for a tube. The majority of the time, general anaesthesia is used during myringotomy surgery to keep the patient comfortable. However a topical anaesthetic can also be used.

The surgeon will use a tiny microscope during the myringotomy surgery so they can see the eardrum properly. The middle ear fluid will next be drained by making a tiny hole in eardrum. The surgeon may also do a tympanostomy in some circumstances by inserting a myringotomy tube into the incision. The wound won't require stitches because it will mend on its own. The doctor will wrap the ear with gauze when the myringotomy procedure is finished. A myringotomy takes between 15 and 20 minutes to complete.

Nomenclature

There is semantic overlap between the terms myringotomy, tympanotomy, tympanostomy, and tympanocentesis. The first two are always interchangeable, and the third is also frequently used in that fashion. The fundamental concept behind each is to make a hole in the eardrum so that fluid can pass through. Along with the general contrast between -otomy (cutting) and -ostomy, a distinction is occasionally made between a myringotomy/tympanotomy and a tympanostomy (creating a stoma with some degree of permanence or semipermanence). Only a tympanostomy in this distinction requires tympanostomy tubes and produces a semi-permanent stoma. Not always, this distinction

in usage is made. The term "tympanocentesis" designates a procedure in which centesis (aspiration for sampling) is carried out.

Advantages

- There are a lot of possible advantages of myringotomy. Myringotomy, for instance, can: Decrease the frequency of ear infections
- Address behavioral issues and sleep issues
- Repair hearing loss brought on by fluid accumulation.
- Reduce ear pressure and pain.
- Boosts equilibrium.
- Children's academic and speech development.

Complications

Insertion of tubes is not treatment. There is a good chance that the kid may continue to experience bouts of middle ear inflammation or fluid collection if the middle ear condition has been chronic or severe enough to warrant tube installation. About 15% of individuals may experience early tube drainage (tube otorrhea) in the first two weeks following placement, and 25% may develop more than three months later, however this is often not a long-term issue. It is thought that bacterial colonization is a secondary cause of otorrhea. *Pseudomonas aeruginosa* is the organism that is most frequently isolated, although Methicillin-resistant *Staphylococcus aureus* (MRSA) is the most problematic. In the postoperative phase, some doctors apply topical antibiotic drops, although studies reveal that this method does not completely remove the bacterial biofilm despite the fact that no research has been done on people yet, in comparison to non-coated ones. The incidence of post-operative otorrhea, tube obstruction, or extrusion did not differ statistically significantly between fluoroplastic tympanostomy tubes with phosphorylcholine coating.

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