

**GP ADVICE SHEET - TYMPANIC MEMBRANE PERFORATION**

TM perforation usually results from trauma or infection.

Most will heal in 10 days to 6 weeks, but can take up to 9-12 months.

Keeping the ear absolutely dry gives the best chance of healing and minimises the risk of infection.

**Problems:**

- Otorrhoea (especially with water exposure)
- Conductive hearing loss (especially if posterior perf. or over ossicles)
- Cholesteatoma (with “unsafe” posterior superior or attic perforations)

**Management**

- Obtain accurate history of cause (if traumatic may be covered by ACC)
- Examine ear and document site of perforation and whether it extends to the margin of the TM
- Perform tuning fork tests (512Hz best) and refer for audiogram, particularly if evidence of hearing loss or complaint of tinnitus. Audiology is also necessary if repair is contemplated, or for ACC.
- Antibiotic drops if wet (eg. Cipro HC or Sofradex 4-6 drops TID 5/7)
- If edges are inverted from the result of trauma: discuss with ENT consultant on call as may need eversion
- KEEP EAR DRY (No swimming, use shower cap, hairdryer, earplug, cotton wool + Vaseline)
- GP review at 6/12 and 12/12
- Be alert to development of cholesteatoma (scant, malodorous otorrhoea with “unsafe” perforation)

**When to refer?**

- If edges are inverted (requires urgent suction eversion)  
[Ossicular dislocation does not generally need urgent review unless associated with inner ear trauma or other complications (D/W consultant)]
- If significant hearing loss (D/W consultant)
- If unsafe perforation (posterior superior or attic), especially if associated with signs of cholesteatoma
- If covered by ACC (refer privately if not healed by 6/52)
- Other perforations are unlikely to meet access criteria for the hospital ENT service (consider referral elsewhere if patient unable to cope)