

Meatal Skin Flap

Note: details of meatal skin flap elevation are also shown in Figures 87G–L, pages 174, 175.

Fig. 9G

Meatal skin flap

The meatal skin is incised, forming an anterior ascending spire (D–C). Care should be taken to remain on the bone of the canal wall with the tip of the No. 11 blade (round scalpel handle [8-I]).

G

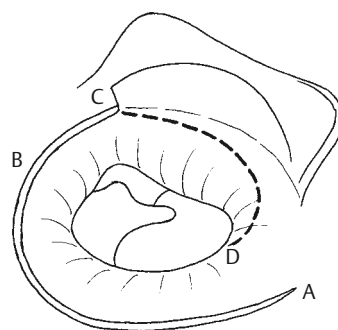


Fig. 9H

Meatal skin flap (cont.)

The meatal skin is elevated from the bone by means of the Fisch microraspatory (23-I, 24-I). The tip of the microraspatory should always remain in contact with the bone. Only small movements in the vertical and horizontal plane should be made. The skin is elevated under direct vision until the posterosuperior margin of the drum and the anteroinferior overhang of canal bone are exposed.

H

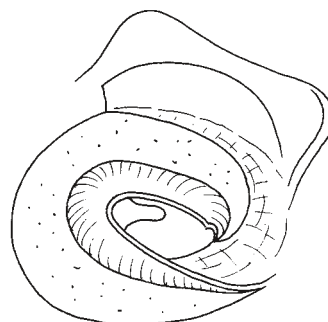
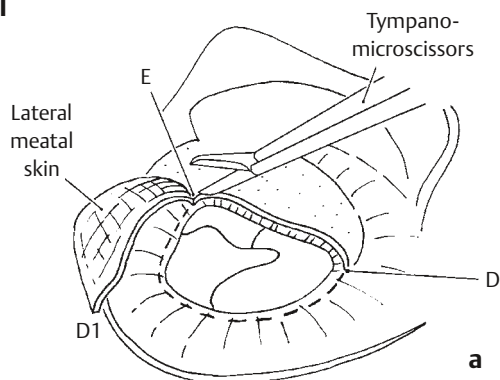


Fig. 9I

Meatal skin flap (cont.): circumferential skin incision

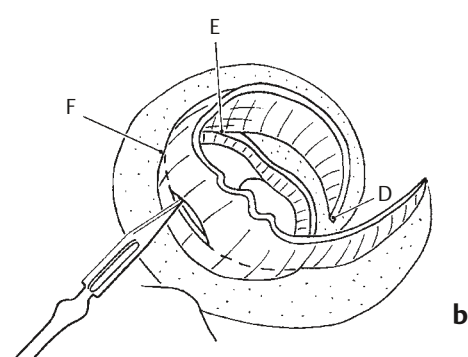
a The elevated meatal skin is cut just medial to the bony overhang with large and small tympanoplasty microscissors (52-I, 53-I) in a circular fashion, remaining 2 mm lateral to the tympanic annulus, until the tympanosquamous suture is met (D–E).

I

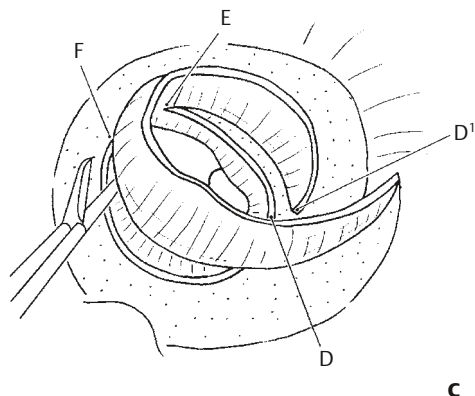


b The posterior limb of the circular incision is initiated posteriorly by cutting through the elevated meatal skin with a No. 11 blade carried by the rounded scalpel handle (8-I), remaining 2 mm lateral to the tympanic annulus.

I



I



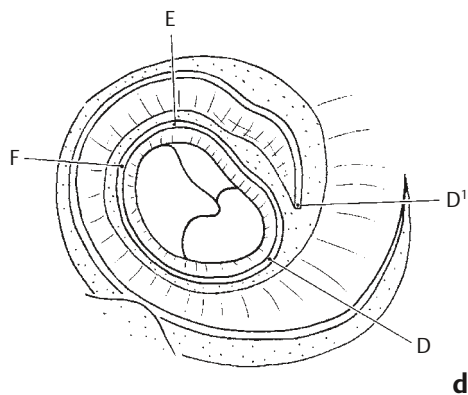
c

Fig. 9I

Meatal skin flap (cont.): circumferential skin incision

c Small tympanoplasty microscissors (52-I) are used to connect the posterior and anterior limbs of the circular incision (F-E) along the superior canal wall.

I



d

d The circular incision is completed inferiorly reaching the point D, which is at the start of the first anterior ascending skin incision shown in Figure 9G.

J

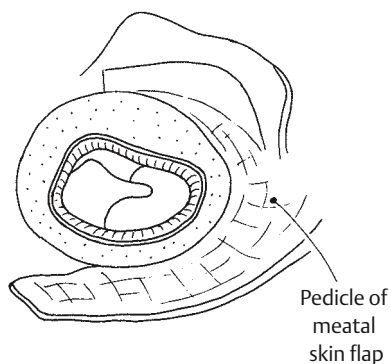


Fig. 9J

Meatal skin flap (cont.)

The inferiorly based meatal skin flap has been elevated out of the external canal. Note that the pedicle includes the skin covering the lateral surface of the tympanic bone.

Fig. 9K

Meatal skin flap (cont.)

Surgical site following elevation of the meatal skin flap showing the overhanging bony canal wall (*arrows*). This figure does not show the exposure of the complete lateral surface of the tympanic bone (see Fig. 87K), which is essential to achieve an adequate anterior and inferior canalplasty.

K

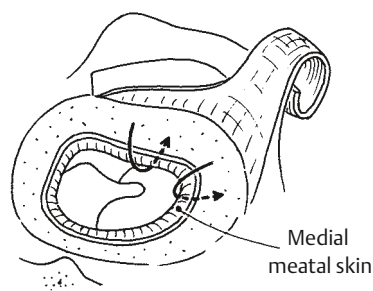


Fig. 9L

Exposure of the lateral surface of the tympanic bone

The lateral aspect of the anterior meatal skin flap is elevated with the Key raspatory (14-l) because with its larger surface it is better suited to separate the strong attachment of the soft tissues to the tympanic bone than the Fisch microraspatory. The Key raspatory is advanced over the lateral rim of the tympanic bone and moved anteriorly to elevate the tissue (see also Fig. 9Q, p. 23). It is imperative to keep elevation movements under good control (with two hands) to avoid laceration of the pedicle.

L

