

Postoperative Ear Surgery Instructions

Purpose and Types of Procedures:

Tympanoplasty is a term that describes a surgery designed to repair a perforation (hole) in the tympanic membrane (eardrum).

Tympanomastoidectomy is a term that describes a surgery to correct problems of the middle ear and mastoid region. The surgery is designed to remove either a deep retraction pocket which causes a thinning of the eardrum, or the removal of a granuloma or a cholesteatoma (benign growth). Repair of the ossicular chain may be performed as a part of this surgery.

Ear surgery is an outpatient procedure performed under general anesthesia.

Preoperative Instruction: Shampoo hair the night before surgery. Patients with long hair should tie the hair back away from the operative site.

Postoperative Instructions:

1. Keep the mastoid dressing in place for 24 hours (if one was applied). If oozing develops from behind the ear, in front of the ear or above the ear apply gentle pressure for 15 minutes. Re-enforce the initial ear dressing with additional gauze if needed. If a penrose drain was placed at the base of the incision and sutured to the mastoid dressing it will dislodge when the dressing is removed.

Change the cottonball in the external ear canal opening as often as needed. Bloody drainage from the ear for several days after the surgery is normal. Expect the drainage to steadily decrease in amount with time.

2. Once the dressing has been removed you may clean the incision behind the ear gently with ½ strength hydrogen peroxide and water 1or-2 x per day to remove any dry blood. Be sure to rinse and pat dry. Apply antibiotic ointment (Bacitracin) over the sutures 2x per day until the first postoperative visit.

3. Do not remove the gauze packing (if present) from inside the ear canal. If it starts to come out with the changing of the cotton, cut off the extruding piece and tuck the packing gently back into the ear.

4. Avoid water entering the ear for 3 weeks or until you are told the eardrum is healed. Place 2 cotton balls in the external ear canal. Coat the outer cotton ball with Vaseline. When showering aim the shower head at chest level to avoid the ear or take tub bath

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General Post Operative Expectations:

1. Rest quietly for 24 hours after surgery
2. Diet – start with clear liquids and progress to a normal diet
3. Pain – mild to moderate. Start with Tylenol and advance to the prescribed medication if needed to control pain.
4. Expect a mild sense of imbalance or dizziness
5. Expect decreased hearing due to dissolvable packing, possible fluid or blood in the middle ear space
6. Sounds of “popping,” “buzzing,” or “crackling” may be heard
7. Sleep with the operative ear facing up towards the ceiling for the first week
8. Elevate the head of the bed 30 degrees
9. No nose blowing for 3 weeks – Sneeze with your mouth open
10. Avoid flying for 3 weeks. Avoid extended travel with elevation changes until cleared by your doctor
11. Avoid driving if you feel dizzy
12. Avoid strenuous activity (i.e. lifting objects greater than 20lbs) or athletics that would increase your blood pressure for 3 weeks
13. Return to school/work (depending on how strenuous) in 48-72 hours
14. **Do not start the prescription ear drops** until after the first postoperative visit unless your physician tells you otherwise.

Call the office at 224-2353 if the following occurs

1. Increase in pain level or intensity of pain
2. Excessive ear drainage beyond the expected time frame
3. Increased redness, swelling, tenderness at the graft site (which can be either above the ear or in front of the ear)
4. Nausea and vomiting
5. Temperature greater than 101 degrees orally not responding to Tylenol
6. Drooping of the lip on the operative side, inability to blink or close the eye fully on the operative side, or numbness of the face on the operative side
7. Altered sensation of taste