

Christopher H. Daniell, M.D.
Mark A. Carwell, M.D.
Ashok N. Reddy, M.D.
William Numa, M.D.
Nicole Bettencourt, Au.D.
A. Eliza Evans, M.S., FAAA
Dwight R. Valdez, M.A., FAAA

194 Pleasant Street
Concord, NH 03301-2952
Telephone 603-224-2353
800-286-2353
Doctor Fax 603-226-0727
Audio Fax 603-415-0055

Postoperative Ear Surgery Instructions

Purpose and Types of Procedures:

Tympanoplasty is a general term that describes several different procedures for repairing the tympanic membrane (eardrum) or to correct problems of the middle ear. The surgery is designed to repair either a perforation (hole) in the eardrum, removal of a deep retraction pocket which causes a thinning of the eardrum, removal of granulomas or cholesteatomas (benign growths) and/or to repair the ossicular chain.

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.

Care of the Ear After Surgery:

1. Remove the mastoid ear dressing (if one has been applied) **24 hours** after surgery
2. Change the ear canal cotton 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.
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 baths.

Care of the Graft Site:

The graft material to repair the eardrum is taken from either the tragal site (in front of the ear) or the temporal area (above the ear)

1. Keep the incision site dry for **48 hours**. If oozing develops at the incision site, apply gentle pressure. Re-enforce the initial ear dressing with additional gauze if needed.
2. Clean the incision gently with $\frac{1}{2}$ strength hydrogen peroxide and water 1-2 x per day. Be sure to rinse and pat dry. Apply antibiotic ointment (Bacitracin) over the sutures 2x per day until the post operative visit.

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
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

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
4. Nausea and vomiting
5. Temperature greater than 101 degrees orally
6. Drooping of the lip on the operative side, inability to blink or close eye fully on the operative side, or numbness of the side of the face
7. Altered sensation of taste