



Post-Operative Instructions for Ear Surgery (Tympanoplasty)

The following instructions are based upon experience with thousands of ear operations. This pamphlet is designed to answer practically every question that may arise regarding the do's and don'ts after surgery. These instructions apply to all ear operations ranging from stapedectomy to tympanomastoid procedures with reconstruction of the middle ear. You and your family should read these instructions several times to familiarize yourselves thoroughly with them. Attempt to follow them faithfully because those who do generally have the smoothest post-operative course and the greatest chance for a successful hearing result.

SWELLING - Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. If an incision was made behind the ear, the ear may appear to protrude from the side of the head more than the opposite ear. This is the result of post operative swelling and it should subside over a period of several weeks. It may also be noticed that there is some numbness over the top of the ear after the bandages have been removed. This is the result of bruising of the sensory nerves to the ear as a result of the incision. This numbness will gradually subside over a period of several months.

HEMORRHAGE - There may be occasional mild bleeding from the incision behind the ear. This is usually of no concern unless there is a constant flow of blood as when one would cut a finger. If there is some drainage from the incision site, a small piece of gauze can be taped behind the ear in order to collect the drainage. If the bleeding becomes troublesome and is of concern, you should call the office.

After the surgery is completed, the ear canal is packed with an absorbable material. As this material liquefies, it usually results in a bloody drainage from the ear canal. It is wise to keep a clean piece of cotton in the ear in order to collect the drainage. The cotton should be changed as needed.

PAIN - There is usually only mild pain following ear surgery. Some discomfort may be felt for the first 24 hours if a pressure dressing is applied to the ear. Once this is removed, however, most discomfort subsides. There may be occasional fleeting, stabbing pain in the ear up to one week after surgery. Analgesics will be prescribed if they are necessary. These should be taken only when needed. Tylenol is fine if the pain is not severe.

CLEANING THE EAR - Any dried blood in the outer ear may be gently cleaned with a Q-tip and hydrogen peroxide. The incision behind the ear should be cleaned twice a day with a Q-tip and hydrogen peroxide in order to remove all dried blood.

TEMPERATURE - Generally the body temperature does not rise much above 100° following ear surgery. This rise in temperature is usually due to the fact that the patient becomes mildly dehydrated after surgery. Patients will often think they have an increased temperature because they feel warm but, in reality, do not. Be sure you actually measure your temperature if you do feel warm. Report any persistent temperature above 101°.

WEAKNESS - It is not unusual after a person has had an anesthetic, or any type of operation, for them to feel weak or become lightheaded. This gradually subsides in several days with medication.

DIZZINESS - The hearing organ and balance organ are all part of the same system. Both organs are very delicate and, therefore, may be traumatized slightly during surgery. Occasionally, a patient may experience dizziness for several days after surgery. This is especially true in the case of stapedectomy operations and reconstruction of the ossicular chain. Such dizziness usually subsides within several days and is of no serious concern. If the dizziness recurs and becomes increasingly severe, the office should be notified.

HEARING - Generally, hearing cannot be evaluated for six weeks after surgery. This is because of the fact that the middle ear becomes swollen and fills with blood as a result of the surgical procedure. Also, the entire ear canal is filled with packing material. It takes approximately six weeks for the blood and the packing material to resorb. You may begin to notice occasional popping of the ear several weeks after surgery. This is the result of resorption of the blood and entrance of air into the middle ear cavity. It is a normal part of the healing process.

RESUMING ACTIVITIES - It is advisable to sleep with the head of the bed elevated for the first week after surgery. This helps to minimize swelling behind the ear and in the middle ear cavity. The head of the bed may be elevated by sleeping on two or three pillows or by placing several pillows under the mattress. After the first week, you may sleep without the head of the bed elevated.

You should avoid all activities that may increase the blood pressure in the head area. Therefore, avoid all bending over and lifting heavy objects for at least two weeks after surgery. You should not blow your nose for three weeks. Try to avoid sneezing for the first several weeks post-operatively. If you must sneeze, let it come out of the mouth like a cough. Excessive coughing should also be avoided.

You should avoid gym classes or strenuous athletic activity for one month after surgery. Swimming, diving and water skiing should be avoided for two months after surgery. In cases of stapedectomy surgery, jet travel should be avoided for at least six months after surgery. Scuba diving is not recommended following a stapedectomy. Do not drive a car for one week after surgery. If you have had a stapedectomy, wait two weeks before driving.

Eyeglasses may be worn as soon as the surgical dressing is removed. However, if there is an incision behind the ear, a bandaid should be placed along the top of the ear to keep the rims of the glasses from rubbing against the suture line. Contact lenses may be inserted the day after surgery.

Tub baths or showering can be resumed as soon as the patient feels strong enough to do so. The hair may be washed with someone's help. It is essential, however, that the ear canal be kept completely dry. This may be accomplished by placing cotton coated with Vaseline into the ear canal opening. Care must be used with hair dryers since the top of the ear may be numb and could be injured if care is not taken.

RETURNING TO WORK OR SCHOOL - The average patient is usually able to return to school or work one to two weeks following surgery. Return to work or school is dependent upon the amount of physical activity involved. Following simple tympanoplasty, most patients may return to their school or work activities in one week. However, individuals undergoing ossicular chain reconstruction, radical mastoidectomy or stapedectomy may have to wait two to three weeks before normal work activity may be resumed. This should be discussed with your surgeon at the time of your first office visit.

MEDICATIONS - When discharged from the hospital/clinic, you will be given several prescriptions. One prescription may be an antibiotic which should be taken as directed until it is completely gone. A second prescription will be for pain medication which need not be filled unless you need it.

YOUR FIRST OFFICE VISIT - Soon after arriving home, you should call the office for an appointment for one week following surgery.

Finally, please follow these instructions faithfully so that you can attain the desired result. If you have any further questions, please don't hesitate to call us.