

Postoperative Instructions

Chronic Ear Surgery (Tympanoplasty/Mastoidectomy)

Abraham Jacob, MD
Ear & Hearing @ Center for Neurosciences

This instruction sheet is designed to help you care for your ear(s) following surgery, and to answer many of the commonly asked questions. *Please read the entire sheet carefully.*

Leaving the Hospital

- You will receive a prescription for pain medicine and antibiotics. You will sometimes receive a prescription for anti-nausea medicine.

Home Care-The First Few Days

- The cup dressing on your ear (with Velcro strap) should be removed the day following surgery. Any other gauze or Telfa behind the ear should also be removed.
- Remove the cotton ball from the outermost part of the ear canal. It is normal to see blood-tinged or brown drainage from the ear for several days.
- Replace cotton balls several times daily as needed to absorb the drainage. Once the drainage slows down/stops, please leave the ear canal open to air most of the time.
- If the drainage becomes thick, yellow, green, or has a foul-smelling odor, please call the office.
- The ear canal will be filled with dissolvable packing or antibiotic ointment, which should be left in place. Do not place Q-tips into the ear.
- The auricle (outer ear) can be wiped gently with a soft cloth or cotton swabs to remove dried blood/crusting, but if the ear is tender this is not necessary.
- You may wash your hair and clean both the auricle (outer ear) as well as the incision line 72 hours after surgery. Keep all water out of the ear canal by using a cotton ball that is soaked with either antibiotic ointment or Vaseline. The back of the ear can also be cleaned at this time with normal soap and water.
- The incision behind the ear may be covered with Steri-strips (small strips of tape) and these should be left in place for about one week. They may fall off on their own before that time. That is OK. Please remove them if they are still in place one week after surgery.
- In some cases, stitches will be visible (without Steri-strips) In other cases, all stitches may be dissolvable and buried under the skin.
- A thin layer of antibiotic ointment (Neosporin, Polysporin, Bacitracin, etc.) is helpful for the first few days following surgery. Do not use antibiotic ointment for more than 4-5 days.
- Do not bend over for 1 week after surgery. If you must bend, bend from the knees, not head-first from the hips. This will prevent pressure build-up in the head.
- Do not blow your nose for 2-3 weeks after surgery. Sniffing is okay but should be done gently. After 3-weeks you may blow your nose gently, one side at a time. Sneeze or cough with your mouth open during the first week following surgery. Using an open-mouth will prevent stifling the sneeze and causing pressure buildup in the ears.

- No strenuous physical activity, including sports, until seen for your post-op visit 3-4 weeks after surgery. With the exception of these restrictions, you may return to work or school as overall condition permits.
- You may fly after surgery. Whenever you fly, take an over-the-counter decongestant 30-60 minutes before take-off. Then, before the airplane begins to descend, spray your nose with Afrin decongestant nasal spray. Use this procedure whenever you fly in the 3-months following surgery. You may use the same treatment when traveling by car in a mountainous region. Please note that many patients have varying degrees of Eustachian tube dysfunction; therefore, some pressure or pain may occur despite these precautions.
- You may hear a variety of noises in your ear such as cracking or popping. This is part of the normal healing process.
- Dizziness or lightheadedness is normal for 1-2 weeks after surgery. You should notice that this is improving with time.
- Tinnitus (ringing in the ear) is also noted by some patients. Many hearing loss patients have tinnitus preoperatively. Since this phantom sound is centrally generated by the brain rather than the ear, it is difficult to predict its natural history. For most patients, tinnitus improves with time.

Home Care-After the First Few Days

- Drainage should begin to decrease and pain should also subside. You may continue taking Tylenol or Ibuprofen as needed after your prescribed pain medication runs out. Rarely, if pain remains severe, we may prescribe additional narcotic pain medication; however, we will only do this after the site has been examined in the office to make sure there is no infection or other complication.
- It is normal for the top 1/2 of the ear to feel numb and this will take several months to return to normal.
- There may be a change in taste (usually described as metallic) on one side of the tongue and this usually improves with time. If it has not resolved within 18 months, it is permanent.
- Continue to keep water out of your ear canal indefinitely

Eyeglasses/ Sunglasses Post-Operative Care Instructions:

If you wear prescribed eyeglasses or sunglasses, please be aware that this can cause irritation to the incision site and may cause delayed healing. Please review the following instructions and take the necessary precautions needed to ensure the best possible outcome.

- If you wear eyeglasses/ sunglasses, the stem on the operated side should be removed for about 6 weeks after surgery.
- After the 6 weeks, you may also consider going to an eyeglass shop to have the stem tip widened out to prevent ongoing irritation or until it is fully healed.
- If you are wearing any hats or head gear, please be mindful of your incision site.
- C-Pap Machines should not be used until 3 weeks after surgery.

Your First Follow-up Appointment

- If an appointment has not already been made, please call Ear and Hearing @ Center for Neurosciences for a follow up visit with Dr. Jacob approximately one month from surgery.

Call Ear & Hearing @ Center for Neurosciences (520-795-7750) if:

- Increased pain not relieved by prescription medicines.
- Large amounts of bleeding for the ear area.
- Pus/Foul smelling drainage from the ear or incision.
- Redness in the ear area.
- Temperature over 101.5° on 2 consecutive readings.
- Worsening dizziness.

Patient or Caregiver Signature: _____

Date: _____