

Postoperative Instructions

Surgical Labyrinthectomy

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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

Typically, this is an outpatient procedure. Most people leave the hospital with a prescription for antibiotics, pain medication, and anti-nausea medication. The pain medication and anti-nausea medication are "as needed" medications and do NOT have to be taken if there isn't much pain or nausea.

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.
- The auricle (outer part of the 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 as well as the incision line 72 hours after surgery.
- 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. This is OK.
- In some cases, the stitches will be visible (without Steri-strips). In other cases, all stitches may be dissolvable and buried under the skin. Then, you will not see any stitches.
- 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 5-7 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 stiffling the sneeze and causing pressure buildup in the ears.
- No strenuous physical activity, including sports, should be undertaken 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 related to anesthesia and inner ear surgery is normal for several weeks. Your brain will adapt to the changes in your ear over time. Vertigo outcomes from surgery cannot be determined until the ear is fully healed 3-months after surgery.
- 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 many patients, tinnitus improves with time.

Home Care-After the First Few Days:

- Pain should begin to 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.

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 you observe:

- Increased pain not relieved by Tylenol or Ibuprofen.
- Large amounts of bleeding from the ear.
- Pus/Foul smelling drainage from the ear.
- Redness in the ear area.
- Temperature over 101.5° on 2 consecutive readings.

Patient or Caregiver Signature: _____

Date: _____