

# Postoperative Instructions

## Middle Fossa Surgery

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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

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) is only necessary for the first 24-48 hours. The incision can then be left open to air.
- Keep a dry cotton ball in your ear canal at all times. Please use a Vaseline soaked cotton ball in the canal when taking a shower.
- 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 Dr. Jacob's office at Center for Neurosciences.
- The ear canal may 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 part of your ear) can be wiped gently with a soft cloth or cotton swabs to remove dried blood/crusting.
- You may wash your hair and clean both the auricle as well as the incision line 48-72 hours after surgery. Again, keep all water out of the ear canal by using a cotton ball that is soaked with Vaseline. The back of the ear can also be cleaned at this time with normal soap and water.
- Some skull base surgery patients have had an abdominal fat graft harvest. If so, the stitches for your abdominal incision may be dissolvable or they may be present externally. External sutures are blue or black in color. Those should be removed by Dr. Jacob's assistants at Center for Neurosciences about 10 days after surgery.
- The outer layer of stitches (blue or black in color) for the incision behind your ear need to be removed about 10 days after surgery by Dr. Jacob's assistant in our office. Please contact Center for Neurosciences for that appointment if it has not already been made.
- 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 7 days.
- Do not bend over for up to 6 weeks based on Dr. Jacob's instructions to you in the office. Bending at the waist increases pressure inside your head and can cause a spinal fluid leak.
- Do not blow your nose for up to 6 weeks after surgery based on Dr. Jacob's instructions to you in the office. Sniffing is okay but should be done gently. After 6 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, should be undertaken until 6 weeks after surgery.
- Dr. Jacob will typically see you in postoperative follow up about one month after surgery.

- 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.
- Unless you have had an operation that is known to cause profound hearing loss, 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 2-3 weeks after surgery, depending on the exact type of procedure you have had. 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

- Once you are out of narcotic pain medications, please transition to over-the-counter pain medications as needed for residual discomfort. 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 an objective indication for additional narcotics such as infection or other complication.
- Surgeons do not manage chronic pain, only acute postoperative pain.
- It is normal for the top 1/2 of the ear to feel numb. 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. 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 using a cotton ball with Vaseline on it.
- You should start doing jaw exercises consisting of slow but wide opening of your mouth 5-10 times every few hours.

#### 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 Follow-up Appointments

- If appointments have not already been made, please call Ear and Hearing @ Center for Neurosciences for follow up. Mary Vidal, MA or one of Dr. Jacob's other assistants can arrange to have your stitches removed about 10 days after surgery.
- Dr. Jacob would like to see you himself about one month from your surgery date.
- A new audiogram, temporal bone CT scan, and visit with Dr. Jacob are also typically scheduled about 4-5 months from the date of surgery.

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

- Increased pain that does not improve with time and pain medications.
- 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 spinning type dizziness or other neurological changes.

Please be aware that spinal fluid can leak from your nose, incision, or ear canal – especially if you are bending, lifting, or straining in the first 4 weeks after surgery. Spinal fluid is a thin, clear liquid. If there is actual spinal fluid leakage, the findings are not subtle – they will be obvious to you. Contact Dr. Jacob’s office or proceed to the Emergency Room.

Patient or Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_