

Postoperative Instructions Petrossectomy with Ear Closure

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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) can be reapplied to your ear daily for up to 7 days. Please change the gauze if it is soiled. Please use a Vaseline-soaked cotton ball in the ear canal at ALL times.
- Replace cotton balls with some Vaseline on it several times daily as needed to absorb the drainage from the ear canal.
- If the drainage becomes thick, yellow, green, or has a foul-smelling odor, please call the office.
- Do not place Q-tips into the ear. Do not place your finger inside the ear canal. If you disrupt the delicate suture line in your ear canal, it is very difficult to fix.
- 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 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.
- An abdominal fat graft may have been taken as part of your surgery. This is rare. Sutures used here can be dissolvable or may be present externally. Those would be either black or blue in color and need to be removed about 10 days postoperatively by Dr. Jacob's assistant at Center for Neurosciences.
- The outer layer of stitches for the ear incision (if blue or black and visible to you) are permanent and need to be removed about 10 days after surgery. This is typically done by Dr. Jacob's assistant at Center for Neurosciences.
- 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 3 weeks. This increases pressure in your head.
- Do not blow your nose for 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.
- 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:

- Once you are out of narcotic pain medications, please transition to over the counter pain medications as needed for residual discomfort.
- 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 using a cotton ball soaked with Vaseline.

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 appointments have not already been made, please call Ear and Hearing @ Center for Neurosciences for follow up. Dr. Jacob's 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.

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.
- Worsening spinning type dizziness. Some imbalance is normal in the first 7-10 days after general anesthesia and ear surgery.

Patient or Caregiver Signature: _____ Date: _____