

Post-Operative InstructionsTympanoplasty-Mastoidectomy-Myringoplasty

The post-operative instructions are designed to help you care for your ear following surgery and to answer many of the commonly asked questions.

Precautions:

- <u>DO NOT</u> blow your nose until your physician has indicated that your ear is healed. Any accumulated secretions in the nose may be drawn back into the throat and expectorated if desired. This is particularly important if you develop a cold.
- <u>DO NOT</u> "Pop" ears by hold your nose and blowing air through the Eustachian Tube into the ear. If It is necessary to sneeze do so with your mouth open.
- <u>DO NOT</u> allow water to enter the ear until advised by your physician that the ear has healed. Until such time when showering or washing your hair mix a cotton ball with Vaseline and place on the outer ear opening. If an incision was made in the skin behind your ear water should be kept away from this are for one week.
- <u>DO NOT</u> take unnecessary chances in catching a cold. Avoid undue exposure to fatigue. Should you catch a cold treat it in the usual way reporting to your physician should you develop ear symptoms.
- <u>DO NOT</u> plan to drive a car home from the surgical center. Air travel is permissible two days following the surgery. When changing altitude you should remain awake and chew gum to stimulate swallowing.
- You may anticipate a certain amount of pulsation popping, clicking and other sound
 in the ear and potentially a feeling of fullness in the ear. Occasional sharp shooting
 pains are NOT unusual. There may also be times when the ear feels moist as if there
 is liquid in the ear.



Dizziness:

Minor degrees of dizziness may be present in the head motions and need not concern you unless it increases in intensity or frequency.

Hearing:

Rarely is a hearing improvement noted immediately following surgery. It may even be worse temporarily due to the swelling of the ear tissues and packing in the ear canal. Six to eight weeks after surgery is when you will notice the most improvement, maximum improvement may require four to six months.

Discharge:

A bloody or watery discharge may occur during the healing period. The outer ear cotton may be changed if necessary but in general the less done to the ear the better. A yellow (infection) discharge at any time is an indication to call the office and speak with Triage or make an appointment to see the physician. Discharge with a foul odor should also be reported.

Pain:

Mild intermittent ear pain is not unusual during the first two weeks. Pain above or in the front of the ear is common when chewing. If you have persistent ear pain, not relieved by Tylenol, call our office and schedule an appointment to see the physician. 910-323-9222