ADULT TYMPANOPLASTY / MASTOIDECTOMY PATIENTS

POSTOPERATIVE INSTRUCTIONS

1. No heavy lifting or strenuous activity for 4 weeks. No contact sports for 4 weeks.

2. Keep your head elevated on 1-2 pillows when lying down for 1 week following surgery.

3. Remove the entire ear bandage 2 days after surgery. You may have an incision behind your ear – the sutures will dissolve on their own. Oozing from the ear canal and ear incision (if you have one) is normal and will decrease with time.

4. Begin using the ear drops as prescribed twice a day to the operated ear AFTER the ear bandage is removed and you can see the ear canal.

5. You may bathe, shower and wash your hair AFTER the ear bandage is removed.

6. If you have a small incision behind your ear, use half-strength hydrogen peroxide (1/2 water, 1/2 hydrogen peroxide) to remove any old blood clots or crusting on the wound with Q-tips. Do not use a bandage, leave the incision open to air. If there is any oozing, you may use a small sterile adhesive bandage temporarily. Apply Vaseline to the incision after cleansing with hydrogen peroxide. Do not use Neosporin or Bacitracin as a growing number of patients are developing allergies to these ointments.

7. Keep your operated ear dry with an ear plug or a cotton ball and Vaseline – if there is excessive drainage from the ear you may leave a cotton ball in the ear.

8. You will be given an antibiotic to take by mouth following surgery. Please finish the medication as prescribed; do not stop early even if you feel well. If you think that you are developing an allergic reaction to the antibiotic, a yeast infection, excessive diarrhea or loose stools, or have severe abdominal cramping, please call your doctor’s office. Contact us as soon as possible for any high fevers, severe headaches, or unusual neck stiffness.

9. The first clinic visit is one week following surgery - call 617-573-3130 to confirm this appointment with Dr. Lee.
What might you expect following tympanoplasty / mastoidectomy surgery?

Pain
You will be given a pain medication to be taken for the first several days after surgery. Mild, intermittent ear pain is not unusual during the first two to four weeks after surgery and will slowly improve in most cases. Patients who have had a canal wall down mastoidectomy may have more pain that may take longer to improve. Pain above or in front of the ear is common when chewing and is temporary. If you are experiencing this, avoid chewy or hard foods for about 4 weeks after surgery until the discomfort begins to improve.

Drainage or discharge
A bloody or watery discharge is expected during the healing process. Call your doctor’s office for a yellow or green discharge with a foul odor. Continue to use your ear drops twice a day as prescribed for at least 2 months following surgery – Dr. Lee will determine if you need additional topical therapy to the ear after 2 months.

Some patients notice a nosebleed or spit up blood - this is common and results from the blood that accumulates in the middle ear during surgery, and drains into the back of the nose. This is not cause for concern.

Ear numbness
Your ear may feel numb - this is temporary and will improve over several weeks or months. If the ear is numb exercise caution when using a hair dryer on a hot setting to avoid injury to the skin until sensation returns.

Ear fullness or popping
You may experience fullness of the ear or hear popping, crackling, or other sounds in the ear. This is usually temporary and is often due to the blood, fluid and dissolvable packing in the ear canal and middle ear (behind the eardrum).

Ringing (tinnitus), hearing loss, or increased hearing sensitivity
Patients may notice ringing of the ear after surgery – this can be high-pitched, low-pitched, constant or intermittent – and is often temporary or decreases with time. You may feel that the hearing is worse and this is due to the dissolvable packing and blood from surgery – this improves with time. Some patients experience loud sound sensitivity in the operated ear and this is usually temporary.

Dizziness
Dizziness may occur following surgery. Avoid sudden movements, heavy lifting or straining; stand up slowly. Dizziness is usually temporary and will improve with time. Gradually increase your activity levels as your dizziness improves.
What might you expect following tympanoplasty / mastoidectomy surgery?

**Taste disturbance and dry mouth**
This is common after cochlear implant surgery and results from irritation of the taste nerve (chorda tympani nerve) during the surgical approach to safely protect the facial nerve and expose the middle ear to remove any disease (like cholesteatoma) and perform the reconstruction of the ossicles. This is a temporary sensation for the majority of patients. In some patients, this can last a few months or more.

**OTHER FINDINGS**

If you had a **CANAL WALL DOWN** mastoidectomy, you will notice that the opening to the ear cavity is larger and is filled with a gauze and cotton packing – leave this undisturbed, continue the ear drops to keep the packing moist and Dr. Lee will remove it when you see him for your first postop visit.

You may have some slight bruising around the eye or corner of the mouth - this occasionally occurs because of the facial nerve monitor electrodes that are sometimes used during ear surgery and is temporary.

You may have a sore throat or hoarse voice and this occasionally occurs because of the breathing tube (endotracheal tube) that is used if you received general anesthesia. This will usually improve over time.

Call Dr. Lee’s office for any unusually high fevers, neck stiffness, shortness of breath, leg pain, unusual swelling at the surgical site, or increasing pain.

**In case of emergency, call the Massachusetts Eye and Ear Infirmary at 617-523-7900 and ask for the Otolaryngologist on call.**