

DANIEL J. LEE, M.D., F.A.C.S.

Assistant Professor

Department of Otolaryngology & Laryngology

Website: www.otosurgery.org



*Division of Otolaryngology and Neurotology
Department of Otolaryngology
Massachusetts Eye & Ear Infirmary
243 Charles Street, Boston, MA 02114
Tel. 617.573.3130
Fax 617.573.3914*

PEDIATRIC TYMPANOPLASTY / MASTOIDECTOMY PATIENTS

POSTOPERATIVE INSTRUCTIONS

1. No heavy lifting, strenuous activity, contact sports, or gym class for 4 weeks after surgery.
2. Keep your child's head elevated on 1-2 pillows when lying down for 1 week following surgery.
3. Help your child remove the entire ear bandage 2 days after surgery until you see the ear and the skin incision (if one was made). 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 for your child 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 or shower your child, and wash his or her hair **AFTER** the ear bandage is removed.
6. If your child has an 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 the 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 with Vaseline in the ear.
8. Your child will be given an antibiotic to take by mouth following surgery. Please have your child finish the medication as prescribed; do not stop early even if the child feels well. If you think that your child is 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 your child expect following tympanoplasty / mastoidectomy surgery?

Pain

Your child 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.

Swelling

Swelling is expected following surgery. The swelling can occur behind the ear, in front of the ear, around the eye, or around the mouth. Some bruising may also occur.

The ear may appear to stick out or appear to be higher or lower than the other ear. **This is normal** and will gradually improve over the weeks following surgery.

However, if a golf ball sized swelling develops, please contact us as soon as possible.

Ear numbness

Your child may complain of ear numbness - 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.

Popping or ringing of the ear

Your child may experience ringing, popping, crackling, or other sounds in the ear. This is caused by nerve stimulation or fluid in the ear from surgery and usually improves with time. Your child may feel as if the ear feels clogged or filled with fluid. **This is entirely expected after surgery.**

Ringling (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. Your child 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. Have your child avoid sudden movements, heavy lifting or straining; stand up slowly. Dizziness is usually temporary and will improve with time. Gradually increase your child's activity levels as your dizziness improves.

What might your child expect following tympanoplasty / mastoidectomy surgery?

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 apply 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.**

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, expose the middle ear, remove disease (like cholesteatoma) and reconstruct 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 your child 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.

Your child 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 child may have a sore throat or hoarse voice and this occasionally occurs because of the breathing tube (endotracheal tube) that is used if your child 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.