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INSTRUCTIONS FOR PEDIATRIC COCHLEAR IMPLANT PATIENTS

1. **ACTIVITY:** No nose blowing, strenuous activity, contact sports, or gym class for 3-4 weeks after surgery.
2. **POSITION WHILE SLEEPING:** Keep your child's head elevated on at least one pillow (if possible) when lying down for 1 week after surgery.
3. **WOUND CARE:** Help your child remove the entire ear bandage 2 days after surgery until you see the entire outer ear and the skin incision behind the ear. The sutures will dissolve on their own. Drainage from the ear canal and ear incision is normal and will decrease with time.
 - a. 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.
 - b. 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.
4. **BATHING / HAIRWASHING:** You may bathe or shower your child, and wash his or her hair **AFTER** the ear bandage is removed (two days after surgery).
5. **MEDICATIONS:**
 - a. **Pain medications:** Infants should be given pediatric-dosed Tylenol (over the counter) every six hours or so for the first 2 days following surgery. Older children will be given a pain medication to be taken for the first several days after surgery.
 - b. **Antibiotics:** Please have your child finish the antibiotics and do not stop early even if the child feels well. If your child is developing an allergic reaction to the antibiotic, a yeast infection, excessive diarrhea or loose stools, or severe abdominal cramping, please stop the antibiotic and call your doctor's office.
6. **FLYING:** Your child may fly two weeks after surgery unless he or she has a cold or severe nasal congestion.
7. **RETURN TO SCHOOL:** Your child may return to school in one week after surgery, or within 3-4 days if he or she is feeling well, with no pain or dizziness.

8. FOLLOWUP VISITS

- a. **With Dr. Lee:** 2 weeks following surgery – call **617-573-3130** to confirm this appointment.
- b. **With Audiology to turn on the cochlear implant:** 3-4 weeks after surgery – call **617-573-3266** to confirm this appointment.

What might your child expect following cochlear implant 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. Pain above or in front of the ear is common when chewing and is temporary. If your child is 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. Generalized 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 of the ear: Your child may experience popping, crackling, or other sounds in the ear. This is caused by fluid and blood in the ear from surgery and usually improves with time. **This is entirely expected after surgery.**

Ear blockage / ear fullness: Your child may feel as if the ear feels clogged or filled with fluid. The ear is filled with fluid and blood from surgery so **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.

Dizziness: Dizziness may occur following surgery. Have your child stand up slowly and avoid sudden movements and excessive physical activity. Dizziness is usually temporary and will improve with time. Gradually increase your child's activity levels as your dizziness improves.

Drainage or discharge: A modest amount of 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.

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 ear 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.

Meningitis following surgery

This is a very rare condition that can follow cochlear implant surgery. If your child is experiencing high fevers, light sensitivity (photophobia), neck stiffness, a severe headache, or appears confused go to your nearest emergency room ASAP.

ALL COCHLEAR IMPLANT PATIENTS must receive a **pneumococcal** vaccine - please refer to the **Centers for Disease Control** website:

<http://www.cdc.gov/vaccines/vpd-vac/mening/cochlear/dis-cochlear-gen.htm>

If you have not yet done so, fax a copy of your pediatrician's medical record to our office verifying that your child is up to date with his or her **pneumococcal vaccine schedule (FAX: 617-573-3914)**.

OTHER FINDINGS

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 (Ear, Nose and Throat surgeon) on call.

All the best for a speedy recovery for your child! We look forward to seeing you for the first visit after surgery.

Regards,



Daniel J Lee MD FACS