

## **POST-OPERATIVE INSTRUCTIONS**

### **TYMPANOPLASTY AND MASTOIDECTOMY**

This Instruction Sheet is designed to help you care for your ear following surgery and to answer many of the commonly asked questions. Please read it carefully.

Should any emergency questions arise, Dr. Chandrasekhar is on-call 24 hours a day and can be reached through the answering service at 212-249-3232.

### **LEAVING THE HOSPITAL**

1. Your first post-operative appointment should be one week after surgery. Please call the office after 9AM on the next business day after surgery to schedule the appointment.
2. The prescriptions that you receive should be filled. The antibiotic should be taken at regular intervals as directed on the bottle. The patch to prevent vertigo should be placed on a clean, dry area of your skin and left on for 3 days. If there is dizziness after 3 days and after the first patch is removed, a second patch can be worn for another 3 days. The pain medication and the pills for nausea or dizziness should be taken as needed, as directed on the bottle. Side effects of the dizziness and pain medications include drowsiness, blurry vision, dry mouth, and constipation.

### **THE DAY AFTER SURGERY**

Remove the dressing around your head 24 hours after surgery is over. There is some cotton over the ear canal; that should be removed and replaced with a fresh, clean cotton ball (it does not have to be sterile). There is packing in the ear canal which should be left in place. This packing may appear red or blood-tinged; it is nothing to worry about. There may be some tapes behind your ear covering the incision; these should be left in place. The entire ear and side of head must be kept dry. The entire ear and side of head must be kept dry.

It is advisable to sleep with your head slightly elevated on one or two pillows, keeping pressure off of the operated ear. This will help reduce any post-operative swelling. If a facial nerve monitor was used during surgery, you may notice some black-and-blue marks near the corner of the eye or mouth. These are from the monitoring electrodes, and will resolve.

## **PRECAUTIONS**

1. DO NOT blow your nose. 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.
2. DO NOT “pop” your ears by holding your nose and blowing air through the Eustachian tube into the ear. If it is necessary to sneeze, do so with your mouth open.
3. DO NOT allow water to enter the ear until advised by Dr. Chandrasekhar that your ear has healed. To prevent water from entering the ear during a shower or bath, place a large piece of cotton into the outer ear opening cover it with Vaseline.
4. DO NOT do any heavy lifting or aggressive aerobic exercise until advised that it is permissible to do so by Dr. Chandrasekhar.

## **SENSATIONS THAT YOU MAY EXPERIENCE**

1. You should anticipate a certain amount of pulsation, popping, clicking and other sounds in the ear and also a feeling of fullness in the ear. Occasional sharp shooting pains are not unusual. At times it may feel as if there is liquid in the ear. These are all normal sensations.
2. Minor degrees of dizziness may be present on head motion and need not concern you unless this should increase. You should take the medication for dizziness as needed.
3. Rarely is hearing improvement noted immediately following surgery. It may even be worse temporarily due to swelling of the ear tissues and packing in the ear canal. Six to eight weeks after surgery, an improvement may be noted. Maximum improvement may take four to six months. If you have been advised that you require a ‘2-stage’ operation, hearing improvement will not occur until after the second surgery.
4. A bloody or watery discharge from the ear may occur during the healing period. The cotton on the outside of the ear should be changed daily. If the discharge is yellow or foul smelling, please call the office and schedule an urgent appointment to see the doctor at her next office session.
5. Mild, intermittent ear pain, occasionally of a shooting quality, is not unusual during the first two weeks. Pain above or in front of the ear is common with chewing. You should take the medication for pain as needed.

**Please feel free to contact the office if there are any questions.**

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