

POST-OPERATIVE INSTRUCTIONS

STAPEDECTOMY

This Instruction Sheet is designed to help you care for our 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 Band-Aids over the ear 24 hours after surgery is finished. 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 may be packing in the ear canal, which should be left in place. This packing may look red or blood-tinged; it is nothing to worry about.

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.
5. DO NOT take any unnecessary chance of catching a cold. Avoid undue exposure or fatigue. Should you catch a cold, treat it in your usual way, reporting to the office if you develop any ear symptoms.
6. DO NOT have dental work requiring drilling until at least three weeks after surgery.
7. AVOID flying for at least one week after surgery. When the plane is changing altitude you should remain awake and chew gum or swallow water to stimulate opening of the Eustachian tube.

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. Patients often experience dizziness with nausea and vomiting immediately after stapes surgery. Some unsteadiness is common during the first few days, but this should subside within a week. Brief dizziness on sudden head motion or in bending over may persist for a few weeks. These symptoms need not concern you unless they should increase. You should take the medication for dizziness as needed.
3. Patients sometimes notice a hearing improvement immediately following the surgery, but this improved hearing quickly fades due to normal swelling of ear tissues and packing in the ear canal. By the end of four weeks, a hearing improvement is usually apparent. Occasionally this improvement is not noticeable for a few months. Maximum hearing improvement is attained at four months.
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 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. You should NOT have continual ear pain.

Should you have any questions pertaining to your ear, please call the office:

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