
MIDDLE EAR SURGERY POST OPERATIVE INSTRUCTIONS

1. ACTIVITY and DIET:

- Drink as much as possible. This helps decrease your temperature, helps with swallowing, and most of all, decreases pain. You may eat a normal diet, if you can tolerate it.
- Do not perform any strenuous activities including bending and lifting for two weeks following ear surgery.

2. MEDICATIONS:

- Resume all preoperative medications, unless otherwise instructed.
- You will have a narcotic pain medication and an antibiotic typically. Please take as prescribed and until the antibiotic is completely finished.

3. PRECAUTIONS:

- **Do not blow your nose** until your doctor has indicated that your ear is healed. Any accumulated secretions in the nose may be drawn back into the throat and expectorated if desired. This is particularly important to keep in mind if you develop a cold.
- a. **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.
- b. **Do not take unnecessary chances of catching cold.** Avoid undue exposure or fatigue. Should you catch a cold, treat it in your usual way, reporting to us if you develop ear symptoms.

4. SURGICAL SITE CARE:

- If a compression dressing was placed by your doctor, remove it 24 hours after discharge from the hospital and change the cotton ball in the outer ear opening as necessary.
- Keep the head elevated for three to five days following surgery.
- **Do not allow water** to enter the ear until advised by your doctor that the ear is healed and that it is safe to do so. Until that time, cover a cotton ball with Vaseline and place in the outer ear opening when showering or washing your hair. If an incision was made in the skin behind your ear, and it becomes wet, simply blot the area dry with a clean towel then apply triple antibiotic ointment twice a day.
- It is normal to experience a certain amount of pulsation, popping, clicking and other sounds in the ear as well as a feeling of fullness or liquid in the ear. Occasional sharp shooting pains are also not unusual.
- Air travel is permitted two weeks following surgery though when changing altitude, you should remain awake and chew gum to stimulate swallowing.

5. CALL YOUR DOCTOR IF:

- Dressing is too tight and causing skin abrasion or a headache.
- Brisk bleeding from the ear canal or the wound.
- Rapid swelling of the wound behind the ear.
- Yellow or foul discharge from the ear or the wound.
- Severe vertigo (sensation of room spinning) and/or hearing loss after the first day.
- Temperature which is elevated persistently over 101.5.

6. WHAT TO EXPECT REGARDING:

Dizziness:

Minor dizziness may be present upon head motion and need not concern you unless it increases.

Hearing:

Hearing improvement may not be noted immediately following surgery. It may even be worse on a temporary basis because of the swelling of the ear tissue as well as packing or ointment in the ear canal. Improvements are usually noticed approximately four to six weeks following surgery. Maximum improvement may require four to six months.

Discharge:

A bloody or watery discharge may occur during the healing period. The outer ear cotton may be changed if necessary. A yellow (infected) discharge at any time is an indication to call our office and arrange to see your doctor. Discharge with foul odor should also be reported.

Pain:

Mild intermittent ear pain is not unusual during the first two weeks. Pain above or in front of the ear is also common, especially when chewing. If you have persistent ear pain, not relieved by several doses of the narcotic pain medication and Tylenol, please call our office.

Please call our office with any additional question or concerns.