

## Collin County Ear Nose and Throat

### TYMPANOPLASTY & MASTOIDECTOMY POST-OPERATIVE INSTRUCTIONS

You may have questions about the post-operative period. This sheet will address the most frequently asked questions. Read this carefully and keep it in a convenient place for easy reference. If you have questions that are not adequately answered or not covered by this instruction sheet, then please ask me during the post-operative rounds or call me during normal office hours.

A tympanoplasty is an operation to repair a defect in the eardrum and/or the hearing bones in the middle ear. This procedure is performed either through an incision behind the ear or through the ear canal in select cases. A mastoidectomy is an operation, which removes chronic infection or a cholesteatoma (skin cyst) from the mastoid region. This procedure is performed through an incision behind the ear. Frequently, these operations are performed together. If the disease process involves the hearing bones, they may need to be removed. The timing of the reconstruction of the hearing mechanism will depend on the extent of the disease and the disease process itself. Occasionally, correction of a complex ear problem may take more than one operation. The first procedure is directed at removing all of the infection or cholesteatoma or as much of it that can be safely removed. The second procedure will usually take place 6-12 months later. This procedure is used to remove any residual disease or recurrent disease and to reconstruct the hearing mechanism. There are 4 very uncommon risks associated with any type of ear surgery. Every precaution is taken to avoid these problems; but sometimes despite everything that is done, these problems can still occur on the side of the operated ear. (1) Hearing loss, which may be incomplete or complete; and it may be temporary or permanent. (2) Permanent dizziness. This dizziness may be of 3 types or a combination. These types are: vertigo (spinning sensation), dysequilibrium (unsteadiness), or lightheadedness. (3) Facial paralysis, which may be incomplete or complete; and it may be temporary or permanent. (4) Persistent tinnitus (ringing or noise).

#### **Immediate post-operative period**

The patient will arrive in the recovery room with a large dressing on the operated ear, which is wrapped around the head with gauze. For the patient who has a tympanoplasty performed through the canal, no such dressing will be present. The patient will likely be sleepy in the immediate post-operative period. This is due to the anesthetic agent(s) and may last up to several hours. The patient may have nausea and vomiting. (Please read the section labeled *Anticipated Problems & Complications* under the part headed *Nausea/Vomiting*) This can be controlled with medication. Pain medication will be given as needed to alleviate the pain. Once the patient is awake enough, the recovery room nurse will give him/her something to drink. Once the patient can drink some liquid and keep it down, he/she can be released from the recovery area. At this point the patient will either be discharged home if all of the discharge criteria are met or admitted into the hospital as previously planned. If the patient does not meet all of the discharge criteria, then plans will be made for overnight admission.

#### **Medicines**

The patient will be discharged with several medications. Antibiotic drops will be prescribed. It is important to use these drops as instructed; it will facilitate more rapid healing and to help dissolve the absorbable packing. There will be a narcotic prescribed for severe pain. Please follow the dosing schedule on the prescription. Minor pain or fever should be treated with Tylenol. Avoid aspirin or other non-steroidal anti-inflammatory drugs, e.g., ibuprofen, Motrin,

Advil, Aleve, as these medications can cause bleeding. A third medication may be given as needed. It will be a suppository or orally dissolving tablet to alleviate nausea and vomiting.

### **Activity Restrictions**

- 1) It is very important for the patient to avoid blowing his/her nose, sneezing, or strenuous coughing for the first 2 weeks, as it may dislodge the eardrum graft. If the patient has to sneeze, try to sneeze with his/her mouth open to reduce the pressure in the ear.
- 2) Avoid strenuous activities for the first week. Light activities such as paperwork, schoolwork, watching television, or walking are acceptable. The level of activity should be slowly increased after the first post operative week as tolerated. By the end of the third post-operative week, the patient should be back to his/her pre-operative level of activity.
- 3) Diving of any sort is strictly prohibited after any ear surgery forever.
- 4) Swimming is not permitted until for at least a month after surgery.
- 5) Airplane travel on a commercial airline is permitted after 2 weeks.

### **Post-operative Care**

After the large dressing is removed the day after surgery, only a cotton ball in the ear will be required. This cotton ball may be changed as needed. Do not let any water get into the operated ear. When taking a bath or shower, place a cotton ball saturated with any petroleum-based ointment, such as Bacitracin, Polysporin, Neomycin, or even Vaseline in the ear. Do not get the incision wet for the first 3 days, then you may gently wash the area with soap and water and gently pat dry. Do this 2-3 times a day to keep the incision site clean. Do not rub the incision or the area surrounding the incision for a week. Apply any antibiotic ointment on the incision after each cleansing, (2-3 times a day). Any crusting may be gently removed using a cotton-tipped applicator soaked in hydrogen peroxide. No hair washing is to be done until after the third post-operative day.

### **Food**

Initially start with soft foods then progress to your pre-operative diet as tolerated.

### **Return to Work/School**

Please read the section *Activity Restrictions*. Most patients are able to return to school or work within 5-7 days. For those patients whose work involves strenuous activities, light work may be performed after the first week. I would not recommend resuming strenuous work until 3 weeks after surgery. School-aged patients may be excused from gym classes or school athletics.

### **Exposure**

Avoid exposure to extreme heat, cold, damp weather or sick people for about 2 weeks. Avoid large crowds of people for about 1 week.

### **Follow Up**

Call the office to schedule a follow up appointment a week after surgery; another follow up visit will occur 2 weeks later. Any other follow up visits will be made as needed. A repeat audiogram and tympanogram will be done 3-6 months after surgery.

## **Anticipated Problems & Complications**

**Fever-** A low grade fever (<101 F/<38 C) is common during the first 48 hours after surgery. This can be readily treated with either the prescription analgesic, such as Lortab or Tylenol #3, which already contains Tylenol, or regular Tylenol. Do not give aspirin or related products.

Please call if the temperature is  $\geq 101.5$  F/ $>38$  C.

**Dizziness** - Some dizziness may occur over the first post-operative week, rarely extending for 2-3 weeks. The dizziness should improve with time. Driving during this time is prohibited.

**Nausea/Vomiting** - This is not uncommon during the first 24 hours and usually disappears after 48 hours. There are a number of causes for the nausea. One, it could be a reaction to the anesthesia. Two, patients after ear surgery may experience dizziness, which could cause the nausea. Finally, the narcotic analgesic itself can contribute to the nausea. A prescription for suppositories or orally dissolving tablets can be supplied as needed.

**Bleeding** - There will be some bloody and/or brown-colored drainage from the ear for the first 3 weeks. This should disappear after the ear canal and graft are healed. There may be some drainage from the incision site during the first 48 hours. If the bleeding is profuse, please call immediately.

**Ear Pain** - This is expected after surgery. The pain will likely worsen for a day or two before improving. Some mild soreness may persist for up to 10 days.

**Constipation** - This is usually not a problem. It may be due to the anesthetic agent or the narcotic pain reliever. You may use any mild over-the-counter laxative.

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