

After Ear Surgery

QE II

Call your surgeon or your primary health care provider (family doctor or nurse practitioner) if you:

- › Have a severe (very bad) spinning feeling
- › Cannot move 1 side of your face
- › Have pain, redness, and swelling that is spreading
- › Have a lot of drainage that is green or smells bad
- › Have severe pain that is not helped by over-the-counter pain medication
- › Have a fever (temperature above 38 °C or 100.4 °F)

If you cannot reach your surgeon or your primary health care provider, go to the nearest Emergency Department right away.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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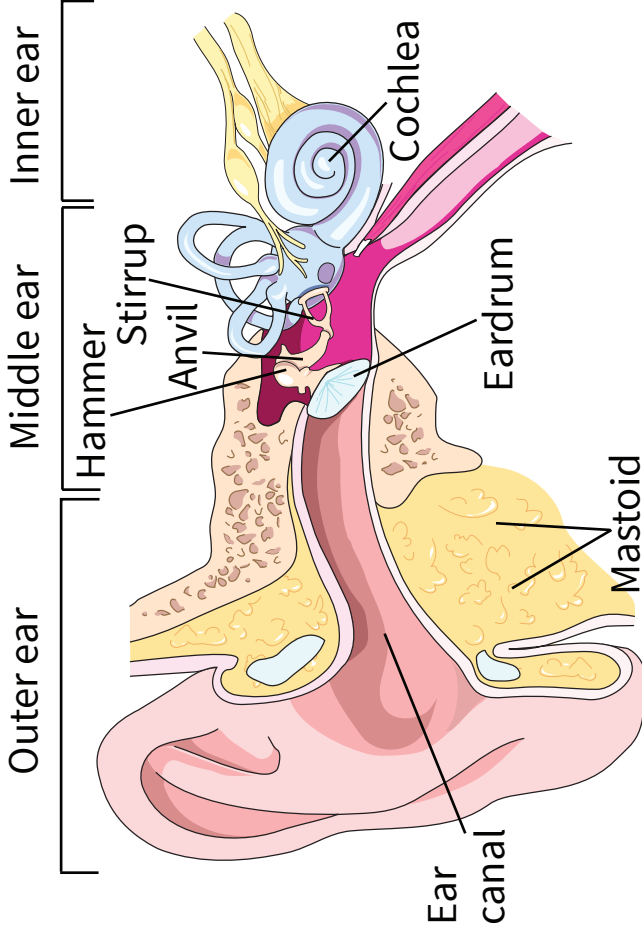
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After Ear Surgery

This pamphlet explains how to care for yourself at home after ear surgery.

During your hospital stay, members of your health care team are always here to help you.



Types of surgery

Tympanoplasty

This surgery fixes a damaged eardrum.

Tympanomastoidectomy (mastoidectomy)

This surgery cleans out the mastoid and middle ear. Diseased tissue or skin that can break down parts of the ear is taken out.

• While you recover:

- > **Do not** strain while lifting.
- > **Do not** strain while having a bowel movement (pooping). To avoid constipation (not being able to poop), drink lots of water each day. Ask your pharmacist about stool softeners, if needed.
- > **Do not** remove any packing from your ear.
- > **Do not** pick at your stitches.
- **It is common:**
 - > for your operated ear to stick out a bit.
 - > to have slight bruising around your eyes and lips.
 - > to have slight swelling of your face on the affected side.
 - > to have a change in taste on the same side of your tongue as your surgery.
 - > for your ear and face to feel numb on the affected side. This is not paralysis (not being able to move).

If you have any questions, please ask a member of your health care team.

- Put a small amount of Polysporin® on your stitches after you wash your hair for the first time.
- Use cotton balls to catch drainage from your ear. **Be very careful not to pull out any packing from your ear canal when removing the cotton balls.**
- Make sure that your glasses do not push into the incision (cut) behind your ear. If needed, remove the arm of your glasses on the affected side.
- It is best to leave your ear open to the air. This will help it heal.

Follow-up

- Your surgeon will remove the ear packing and any stitches about 14 days (2 weeks) after your surgery. Your surgeon's office will send you an appointment notification in the mail.
- You can go back to work when your surgeon says it is OK.
- **Until your surgeon says it is OK:**
 - › **Do not** put any objects in your ear (like earplugs, cotton swabs, or earphones).
 - › **Do not** jog, run, or play contact sports (like boxing, hockey, football).
 - › **Do not** drive.
 - › **Do not** fly in a plane.

Ossiculoplasty

This surgery tries to give you back your hearing. We will repair the bones in your ear.

Stapedectomy/Stapedotomy

This surgery is a type of ossiculoplasty. It bypasses a fixed stirrup (stapes) bone to bring back your hearing.

Canaloplasty

This surgery widens a narrow ear canal.

Cochlear implant

This surgery tries to give you back your hearing. We will place an electronic implant in your inner ear that sends sound signals to your brain.

Bone conduction implant

We will place a device that lets vibrations pass directly to the inner ear through the bone. The device is attached to the skull and uses the bone to improve your hearing.

Middle ear implant

We will place a device that moves the bones of hearing. This strengthens the sound vibrations going into the inner ear.

After surgery

- You may have stitches.
- You will have a bandage covering your ear. A member of your health care team will take it off the day you go home.
- Your nurse may check a nerve in your face by asking you to:
 - › Smile
 - › Pucker your lips
 - › Close your eyes
 - › Lift your eyebrows
 - › Wrinkle your forehead
- **Do not** get out of bed on your own the first time. Ring your call bell for a nurse before you get up. You may still be drowsy and dizzy. The nurse will help you.
- Your intravenous (I.V.) tube will be taken out when you are drinking well and are not nauseous (feeling sick to your stomach). If you are nauseous, ask your nurse for medication.
- You may have some discomfort after surgery. Your health care team can give you pain medication every 4 hours. Ask your nurse for medication, if needed.
- Tell your nurse if you have a strong spinning feeling.

- Try to cough and sneeze with your mouth open.
- **Do not:**
 - › Blow your nose
 - › Try to pop your ears

At home

- **You must have a responsible adult take you home from the hospital.** You cannot take a taxi or a bus home alone.
- **You will not be able to leave the hospital unless you have a responsible adult to take you home.**

Medication

- Your surgeon will give you a prescription for pain medication.
- **Do not drink alcohol while taking pain medication.**

Care at home

- Cover your ear and stitches with a washcloth when you wash your hair.
- Use the washcloth to clean behind your ear and over your stitches.
 - › If you are taking a shower, step out of the shower to do this.