



## **POST-OPERATIVE INSTRUCTIONS FOR EAR SURGERY**

### **(Tympanoplasty, Mastoidectomy, ME explorations)**

#### **What should be expected following EAR surgery?**

**Please remember that your child has had surgery. Please do not allow them to participate in any heavy lifting, exercise or physical contact unless cleared by your surgeon.**

**If they develop an upper respiratory infection, especially with coughing, please call our office as this may increase the risk of bleeding.**

#### **Diet**

It is not unusual for patients who have received general anesthesia to have some nausea and occasionally vomiting, especially on the first night after surgery. Beyond this, please contact our office to see if any medication is indicated.

It is preferable to have clear liquids for the first meal, then thick liquids or a soft diet. A regular diet may be resumed the next day. Also, pain pills cause some nausea if taken on an empty stomach. It is preferable to take those pills with a piece of toast or some food.

#### **Wound Care**

The operated ear is usually packed and full of blood. It will feel clogged and your child may complain of crackling sounds. On the side of the operated ear, the temple and the region around the orbit (eye) may also become a little swollen

If you have a dressing wrapped around the head or [sutured behind the ear](#), please keep that dressing dry and avoid water contact with dressing. In general, such a dressing is removed a couple of days after the surgery. If there is a cotton ball in the ear, you may change it when it gets soaked and replace it with a clean cotton ball. It is not necessary to use a band aid or adhesive tape to hold the cotton ball. You may use a little antibiotic ointment to make the cotton ball stick.

1. Do not allow any water to enter the operated ear. Protect the ear when showering or washing the hair with a cotton ball coated with Vaseline., or with the use of earplugs It is a good idea to help adolescents especially you with washing the scalp/hair – allowed only after the first week. When finished washing, remove the coated cotton, wipe the ear with a soft gauze and place a clean, dry cotton ball. A little antibiotic ointment may help the cotton ball stick and stay in place. A shower cap or Glad wrap provides extra protection.

2. Thick, dark or bloody ear drainage is expected during the first week after surgery. You may clean the crusting from the outer part of the ear with hydrogen peroxide and Q-tips. Replace the cotton ball in the ear with a clean, dry piece when the current one is soiled. Occasionally, you may see brown or dark red pieces of packing (Gelfoam) extruding from the ear canal. Do not attempt to replace them or to remove the remaining pieces that are still in the ear canal.

3. Do not allow blowing of the nose for at least weeks. Blowing can build excessive pressure in the operated ear and displace the reconstructed or grafted eardrum.

4. No travel is allowed for at least two weeks from the day of surgery.
5. If they have to sneeze, please advise doing it with the mouth wide open to avoid pressure build up in the ear.
6. When sleeping, try to sleep on the side of the un-operated ear.

## Medications

1. An antibiotic is usually prescribed following the surgery. Use as directed. If a rash or diarrhea occurs, this may represent an allergy, please stop the medication and contact your surgeon during office hours. If there is any difficulty breathing, please contact your surgeon as this may require being seen in the nearest emergency room.
2. Regular children's Tylenol may be used for pain. The dose is usually titrated based on weight (10mg/kg) and may be alternated with codeine. You may also receive a prescription for painkillers in the form of Tylenol with codeine elixir (Tylenol #3). Use as directed.  
The codeine may cause somnolence, drowsiness and constipation. It is okay to use prune juice or over the counter laxatives for brief periods.
3. Occasionally, Phenergan suppositories may be necessary for severe nausea or vomiting or persistent beyond the second day.
4. Start using your antibiotic ear drops as recommended by your surgeon

## Follow-up

Patients may **return to school or daycare** 1 week after surgery, though some patients may need a limited physical activity schedule in week 2.

**\*Fever** - Most children experience a low grade temperature after surgery. This is usually caused by dehydration. Encourage fluid intake and if needed, use Tylenol (NOT ASPIRIN). If the temperature goes above 102.2 (39.0 Celsius) and does not respond to Tylenol, or if the child refuses to drink, then IV fluids may be required. Please call our office or go the closest emergency room.

**\*Do not use any ibuprofen (Motrin) related products** for 2 weeks, unless cleared by your surgeon, as it increases the possibility of bleeding

\*Please do not allow your child to participate in any heavy lifting, exercise or physical contact for at least two weeks unless cleared by one of your surgeons. These activities increase the risk of bleeding. Usually, travel is not recommended within two weeks of surgery.

\*If your child develops an **upper respiratory infection**, especially with coughing, please start Robitussin DM elixir, if over the age of six years. Call our office, if there is no resolution in 48 hours, or for infants less than six years old, as this may also increase their risk of bleeding.

Please schedule a postoperative appointment to be seen in the office **PHONE: 310-657-6420**

Note, it is difficult to refill pain prescriptions after hours, so please call during office hours and ask to speak with our nurse or medical assistant.

**If your child has significant bleeding from the nose or mouth, develops high fevers or develops the worst headache of their life that is not relieved by the pain-killers, please call our office for the doctor on call or visit the nearest Emergency room.**