



## **Myringoplasty – Tympanoplasty – Mastoidectomy**

These instructions are designed to help you care for your ear following surgery, and to answer many of the commonly asked questions.

Please read them carefully. Should you find it necessary to call our office following surgery, one of our nurses may be able to answer your questions. If not, she will ask your doctor to return the call when he is available or she may instruct you to come into the office.

### **Precautions:**

1. DO NOT blow your nose until such time as 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 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 your doctor that the ear is healed. Until such time, when showering or washing the hair, cotton may be placed in the outer ear opening and covered with Vaseline. If an incision was made in the skin behind your ear, water should be kept away from this area for 2 weeks.
4. DO NOT take any unnecessary chances of catching a cold. Avoid undue exposure or fatigue. Should you catch a cold – treat it in the way you normally would, report to the doctor if you should develop ear symptoms.
5. You may 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.
6. There are no specific travel restrictions. During the first 2 weeks following surgery, however, commercial air travel is preferred to automobile or train travel for trips over 200 miles. It is advisable to chew gum to stimulate swallowing on altitude changes while traveling.

### **Dizziness**

Minor degrees of dizziness may be present on head motion and need not concern you, unless the dizziness should increase.

**Hearing**

Rarely is a hearing improvement noted immediately following surgery. It may be even worse temporarily due to swelling of the ear tissues and packing in the ear canal. 6 – 8 weeks after surgery, an improvement may be noted. Maximum improvement may require 4 – 6 months.

**Discharge / Drainage**

A bloody / watery discharge may occur during the healing period. The outer ear cotton may be changed if necessary, but in general the less done to the ear the better. **A yellow (infected) discharge at anytime is an indication to call the doctor for an appointment.**

**Pain**

Mild, intermittent ear pain is not unusual during the first 2 weeks. Pain above or in front of the ear is common when chewing. **If you have persistent ear pain, not relieved by a few aspirin, call the doctor for an appointment.**

**Ear Drops**

If your doctor wished you to use eardrops, you will receive them when leaving the hospital. Begin using the eardrops 3 weeks after surgery, a few drops twice daily, to loosen the ear packing which will run out of the ear as liquid. Tip the head in the opposite direction to allow the eardrops to run out. Continue doing this twice daily until you have finished the eardrops or until advised otherwise by your doctor.

Your drops are \_\_\_\_\_.

**Pain Medication**

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\_\_\_\_\_

**Other Medication**

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\_\_\_\_\_

**Follow-up Appointment After Discharge:**

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**Community ENT & Allergy:**

**Dr. Brian Hawkins Dr. Joseph Creely**

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