



Ear Center: Postoperative Instructions for Mastoidectomy and Tympanomastoidectomy

Phone: 336-273-9932

Website: www.earcentergreensboro.com/

You may have nausea, vomiting, or a low-grade fever for a few days following surgery. This is not unusual. However, if the nausea and vomiting become severe or last more than one day, please call our office. Medication for the nausea may be prescribed. You may take Tylenol® every four hours for fever. If your fever should rise above 101 degrees F, please contact our office.

Limit your activities for one week. This includes avoiding heavy lifting (over 20 lbs), vigorous exercise, and contact sports.

Do not blow your nose for approximately one week. Any accumulation in the nose should be drawn back into the throat and expectorated through the mouth to avoid infecting the ear. If it is necessary to sneeze, do so with your mouth open to decrease pressure to your ears. Do not hold your nose to avoid sneezing.

You may wash your hair 2 days after the operation. Please protect the ear and any external incisions from water. We recommend placing some plastic wrap over the ear and incision to help protect against water. It may be necessary to have someone help you during the first several washings. Water should be kept out of your ear at all times.

Try to keep the incision clean and dry. You should clean crusts from the incision area with hydrogen peroxide and cover the area with antibacterial ointment three to four times a day for the first 2 days. Any time you are going to clean your ear, please wash your hands thoroughly prior to starting.

You may expect some blood-tinged drainage from the operated ear during the first postoperative week. If this should increase, please call our office.

Some dull postoperative ear pain is expected. Your physician may prescribe pain medicine to help relieve your discomfort. If your postoperative pain increases and your medication is not helping, please call the office before taking any other medication that we have not prescribed or recommended.

At home, use the prescribed drops in your operated ear as directed by your physician. There will be some packing in your ear. The drops should be placed on the packing to

help keep the packing moist and to help prevent infection. By tilting your head with the operated ear facing up, you will help the drops soak into the packing. Remain in this position for five minutes to facilitate absorption. A cotton ball may be placed in the ear opening to prevent the drops from running out of the ear.

*If packing begins to loosen and fall out of your ear, do not be alarmed. Gently place the packing in the ear canal and continue the drops. As the swelling decreases, the packing may come out more easily.

If you are in a dusty environment (i.e. at work or mowing the lawn), place a cotton ball in the ear canal to prevent debris from entering.

If any of the following should occur, please call the office:

- 1. Persistent bleeding**
- 2. Persistent fever**
- 3. Purulent drainage (pus) from ear or incision**
- 4. Redness with swelling around the suture line**
- 5. Persistent pain**

Sometimes, with a larger incision behind the ear, the incision may open and drain. If this occurs, please contact our office.

If your physician prescribes an antibiotic, please fill the prescription promptly and take all of the medicine as directed until the entire supply is gone.

Do not be concerned about your hearing until at least one month postoperatively. The hearing may fluctuate as the ear heals. You may also experience some popping and cracking sounds in the ear for several weeks. At times, it may sound like you are "talking in a barrel" or in a tunnel. This is normal and should not cause concern.

Because a nerve for taste passes through your ear, it is not unusual for your taste sensation to be altered for several weeks or months. You may experience a "tinny" or "metallic taste".

You may experience some numbness in your outer ear, earlobe, and the incision area. This is normal, and most of the numbness will be expected to fade over a period of time.

If you have a mastoid cavity, exposure to cold water while swimming may cause the sudden onset of severe vertigo. If this should happen while under water, you may not be able to reach the surface. Therefore, we do not recommend swimming alone or swimming in open water such as oceans or lakes. Please discuss any future swimming plans with your surgeon. If you find yourself underwater and very vertiginous, blow out some air and follow the bubbles to the surface.

Sometimes bloody drainage from your middle ear will run down your Eustachian tube, particularly when lying on your back during sleep. You may spit out some blood-tinged mucous in the morning when brushing your teeth. Do not be alarmed. This is common and will stop in a few days.

If you have a cochlear implant, your eardrum may look "pink" or "red" for up to month postoperatively. The red coloration is due to some tissue grafts that have been placed in the middle ear. The change in color should not be confused with infection. If your child has had a cochlear implant and you do not live in Greensboro, this is particularly important for your local doctor to know if he is going to be checking the operated ear postoperatively.

If the operation that you had was a tympanomastoidectomy, please ask your surgeon if any of the middle ear ossicles were replaced with a metal part. This may be important to know if you ever need to have a magnetic resonance imagine (MRI) scan in the future. If a titanium implant was used, it is safe to have an MRI scan.

****IMPORTANT: If you or your child had a cochlear implant operation, you should never have a magnetic resonance imaging scan (MRI) on any part of your body. This would be true for as long as the cochlear implant electronics were implanted in your body. If you were exposed to the extremely strong magnets of the MRI, the magnets could generate a very large amount of electricity in the cochlear implant that could be very damaging to both the patient and to the implant.**

It is important to return to our office for your postoperative appointment as scheduled. If for some reason, you were not given a postoperative appointment, please call our office at (336) 273-9932.

If you have any questions, please call our office at 336-273-9932.

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Last revision June 4, 2011