

Michael G. Gartlan, MD, FAAP, FACS
Rajeev H. Mehta, MD, FACS
Scott W. Divenere, MD
Sung J. Chung, MD
Ankit M. Patel, MD
Matthew R. Bartindale, MD

2201 Glenwood Ave., Joliet, IL 60435
(815) 725-1191, (815) 725-1248 fax

1890 Silver Cross Blvd.
Pavilion A, Suite 435
New Lenox, IL 60451
(815) 717-8768

900 W. Route 6, Suite 960, Morris, IL 60450
(815) 941-1972

www.entsurgicalillinois.com

MIDDLE EAR SURGERY (9/20)

(Tympanoplasty, Mastoidectomy, Stapedotomy, Ossiculoplasty, Cochlear Implant, Endolymphatic Sac Decompression, Superior Semicircular Canal Dehiscence Plugging, and Perilymph Fistula Repair)

Instructions:

- Wash hands with soap and water before caring for the ear.
- If you have an incision behind your ear, applying ointment twice daily will help the wound heal faster. If your surgeon advises and antibiotic ointment, use Polysporin (not Neosporin or Neomycin). If not, a good and inexpensive alternative is to use plain Vaseline twice daily.
- You should keep this incision dry for 36 hours after surgery. After that it is ok to get it wet but please do not scrub the incision.
- *Water should be kept out of the ear canal until your doctor tells you otherwise.* To shampoo hair, place a cottonball in the ear canal and apply petroleum ointment over the cotton to form a seal.
- If you have a pressure dressing over your ear, you should remove it 24-36 hours after the procedure if not instructed otherwise.
- You may be prescribed ear drops after surgery. When instilling ear drops, lie with the affected ear up and remain in this position for two minutes to allow for absorption of the drops. A cottonball may be inserted for short periods to collect drainage (while sleeping) or for exposure to excessive dust and dirt. Avoid constant and prolonged use of the ear cotton.
- Ear drainage may be reddish brown to brown in color, but usually becomes clear and disappears within a week or two.
- Sleep with your head of bed elevated to decrease the swelling in the ear.
- *Do not blow your nose.* Secretions in the nose should be drawn back and expectorated through the mouth. Do not hold your nose to avoid sneezing; sneeze with your mouth open. Do not forcefully exhale such as is done while playing a musical wind instrument.
- Do not participate in sports or vigorous activity (i.e. exercise, sexual intercourse) or return to strenuous work for three weeks. Avoid straining at all times for three weeks. You should not travel by air until your doctor tells you otherwise.
- Avoid exposure to colds or respiratory infections.
- Periods of vertigo (spinning sensation) or dizziness (lightheadedness) may occur for several days. Take precautions to prevent falls.
- Nausea may occur for 36 hours after general anesthesia.
- Hearing may improve or fade at times during the first three months. It is normal to experience cracking and popping of the ear, and sound like your head is “in a barrel.”
- A nerve for taste passes through the ear and it is not unusual for taste sensation to be altered slightly for several weeks or months following the operation. This will get better with time.

If the following occurs, contact 815-725-1191:

- Discolored drainage (pus) from the ear
- Persistent dizziness or vertigo
- A constant loud buzzing or ringing
- Significant decrease in hearing or sudden deafness
- Persistent fever or pain

