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## **Instructions following Tympanoplasty and Mastoidectomy**

### **General**

A tympanoplasty is a surgical procedure that repairs or reconstructs the ear drum (tympanic membrane) to help restore normal hearing. The procedure may also involve repair or reconstruction of the small bones behind the ear drum (ossiculoplasty) if needed. Both the ear drum and middle ear bones need to function well together for normal hearing to occur.

A mastoidectomy is a surgical procedure that removes an infected portion of the mastoid bone when medical treatment is not effective. It is performed to remove the infected mastoid air cells resulting from ear infections, mastoiditis, chronic otitis or inflammatory disease of the middle ear (cholesteatoma)

### **SWELLING**

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. If an incision was made behind the ear, the ear may appear to protrude from the side of the head more than the opposite ear. This is the result of post operative swelling and it should subside over a period of several weeks. It may also be noticed that there is some numbness over the top of the ear after the bandages have been removed. This is the result of bruising of the sensory nerves to the ear as a result of the incision. This numbness will gradually subside over a period of several months.

### **Drainage:**

There may be occasional mild bleeding from the incision behind the ear. If there is some drainage from the incision site, a small piece of gauze can be taped behind the ear in order to collect the drainage. If the bleeding becomes troublesome and is of concern, you should call the office. After the surgery is completed, the ear canal is packed with an absorbable material. As this material liquefies, it usually results in a bloody drainage from the ear canal. It is wise to keep a clean piece of cotton in the ear in order to collect the drainage. The cotton should be changed as needed.

### **Cleaning the ear:**

Any dried blood in the outer ear may be gently cleaned with a Q-tip and hydrogen peroxide. The incision behind the ear should be cleaned twice a day with a Q-tip and hydrogen peroxide in order to remove all dried blood.

### **Diet:**

Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally, patients experience a mild sore throat for 2-3 days following Intubation. This usually does not interfere with swallowing.

### **Pain Control:**

There is usually only mild pain following ear surgery. Some discomfort may be felt for the first 24 hours if a pressure dressing is applied to the ear. Once this is removed, however, most discomfort subsides. There may be occasional fleeting, stabbing pain in the ear up to one week after surgery. Analgesics will

be prescribed if they are necessary. These should be taken only when needed. Tylenol is fine if the pain is not severe.

### **DIZZINESS :**

The hearing organ and balance organ are all part of the same system. Both organs are very delicate and, therefore, may be traumatized slightly during surgery. Occasionally, a patient may experience dizziness for several days after surgery. Especially for reconstruction of the ossicular chain. Such dizziness usually subsides within several days and is of no serious concern. If the dizziness recurs and becomes increasingly severe, the office should be notified.

### **HEARING:**

Generally, hearing cannot be evaluated for six weeks after surgery. This is because of the fact that the middle ear becomes swollen and fills with blood as a result of the surgical procedure. Also, the entire ear canal is filled with packing material. It takes approximately six weeks for the blood and the packing material to resorb. You may begin to notice occasional popping of the ear several weeks after surgery. This is the result of resorption of the blood and entrance of air into the middle ear cavity. It is a normal part of the healing process.

### **MEDICATIONS:**

Your physician will send three prescriptions to your pharmacy. One prescription may be an antibiotic which should be taken as directed until it is completely gone. A second prescription will be a pain medication. A third prescription is for ear drops. Please pick up prescriptions prior to your surgery.

### **Activity:**

It is advisable to sleep with the head of the bed elevated for the first week after surgery. This helps to minimize swelling behind the ear and in the middle ear cavity. The head of the bed may be elevated by sleeping on two or three pillows or by placing several pillows under the mattress. After the first week, you may sleep without the head of the bed elevated.

You should avoid all activities that may increase the blood pressure in the head area. Therefore, avoid all bending over and lifting heavy objects for at least two weeks after surgery.

You should not blow your nose for one month. Try to avoid sneezing for one month post-operatively. If you must sneeze, let it come out of the mouth like a cough. Excessive coughing should also be avoided. You should avoid gym classes or strenuous athletic activity for one month after surgery. Swimming, diving and water skiing should be avoided for two months after surgery.

Tub baths or showering can be resumed as soon as the patient feels strong enough to do so. The hair may be washed with someone's help. It is essential, however, that the ear canal be kept completely dry. This may be accomplished by placing cotton coated with Vaseline into the ear canal opening. Care must be used with hair dryers since the top of the ear may be numb and could be injured if care is not taken.

The average patient is usually able to return to school or work one to two weeks following surgery. Return to work or school is dependent upon the amount of physical activity involved. No running PE class or physical activity for 1 month

**Follow-up Appointment:** Your follow-up appointment in the office will be 1 week following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital.

