



Instruction Sheet MIDDLE EAR SURGERY (TYMPANOPLASTY)

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Your doctor has recommended a tympanoplasty, which is an operation intended to repair the eardrum and/ or the small bones of hearing within the middle ear. Please read the following instructions carefully before your surgery and feel free to ask questions.

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, do not take any aspirin, aspirin products or NSAIDs one week prior to surgery or after surgery. **(Be aware that for certain surgeries, your surgeon may request that you stay off these types of drugs longer than one week before or after surgery. Please follow their instructions for your specific surgery).** Tylenol is okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin or other blood thinner such as Coumadin or Plavix, check with your prescribing doctor regarding instructions for preoperative and postoperative aspirin use. If you have been placed on aspirin by a cardiologist, please discuss your specific stop and restart times with both your cardiologist and surgeon.

- Have nothing to eat or drink after midnight the day before surgery.
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.
- Wash your face and hair well the morning before surgery. Do not apply any facial makeup.
- Please make arrangements for transportation to and from the hospital the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- You may expect 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 also not unusual. At times, it may feel as if there is liquid in the ear.
- Slight dizziness may occur with head motion and need not concern you unless it increases. Some unsteadiness may persist for a week postoperatively. Prolonged dizziness is rare unless there was dizziness prior to surgery.
- Rarely is a hearing improvement noted immediately after surgery. It may even be worse temporarily because of swelling and/ or packing material in the ear canal. Six to 8 weeks after surgery, an improvement may be noted. Maximum improvement may require up to 6 months. When a two-stage operation is necessary, the hearing is usually worse after the first operation.



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- A bloody or 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 foul-smelling or yellow discharge at any time is an indication to call the office and arrange to see your doctor.
- Mild, intermittent pain is not unusual during the first 2 weeks. Pain with chewing is common. If you have persistent ear pain not relieved with medication, please call our office to arrange an appointment.
- At any time during the postop period, please call the office if you have any questions or concerns about excessive ear bleeding or drainage, pain, persistent fever, nausea, severe vertigo, swelling or other concerns that seem out of the ordinary from what you have discussed with your surgeon or read in this handout.

Activity:

- Bed rest and light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may cause increased swelling or bleeding. Light exercise may begin approximately 10 days after surgery. In general, treat avoid situations that might result in any trauma to your ear. If you have questions about certain activities, please ask us.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 48 hours postoperatively.
- Do not blow your nose until your doctor has indicated that your ear has healed. Any accumulated secretions in the nose may be drawn back into the throat and expectorated (spit) if desired. This is particularly important if you develop cold or allergy symptoms.
- 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.
- If you have an incision behind or in front of the ear, there may be some swelling and bruising there after surgery. Do not allow these incisions to get wet for at least 72 hours after surgery.
- Do not allow water into the ear canal until advised by your surgeon that it is safe to do so. When showering or washing your hair, cover a cotton ball with Vaseline and place it in the outer ear canal opening.
- Do not take an unnecessary chance of catching cold. Avoid undue exposure or fatigue. Should you experience cold or allergy symptoms, treat them in your usual way, reporting to us if you develop ear symptoms.
- Do not plan to drive a car home from the hospital. Air travel is permissible 2 days following surgery. When changing altitude, you should remain awake and chew gum to stimulate swallowing.



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Diet:

- You may resume eating your normal diet as soon as you feel able.

Medication:

- If you were given a prescription for eardrops such as Floxin, begin using these drops 1 week after surgery. Place a few drops in the ear twice daily to loosen the packing, which will run out of the ear as liquid. Tip the head to the side, place several drops in the ear, and allow them to remain for 5 minutes. Then tip the head in the opposite direction to allow the eardrops to run out. Continue doing this twice daily until you have finished the drops or have been instructed to discontinue them by your doctor.
- Pain varies from individual to individual. Tylenol (acetaminophen) by itself is an excellent choice for mild post-operative discomfort. For more significant or persistent pain, do not hesitate to use the pain medication prescribed. Do not take the prescription pain medication and Tylenol at the same time. Avoid aspirin products or Motrin (ibuprofen) for the next week (or as directed by your surgeon) unless aspirin has been prescribed as a daily medication (see preop instructions above).
- Tylenol may be taken for mild fever, though again, avoid taking the prescription pain medication and over-the-counter Tylenol at the same time. If postoperative fever (>101 degrees) persists for more than 24 hours, notify the office.

POSSIBLE RISKS AND COMPLICATIONS OF EAR SURGERY:

Complications specifically related to ear surgery are rare but possible. With ear surgery, there is always a chance that hearing in the operated ear may not improve. Moreover, there is a low risk (less than 3 per cent) of further loss of hearing. This loss of hearing can be permanent and can be accompanied by increased tinnitus (ringing or other sounds in the ear.)

Mouth dryness or a change in the sense of taste may be rarely permanent. Temporary or permanent facial weakness is also quite rare but can occur after ear surgery.

As with any surgical procedure, there is also a risk of bleeding, infection, scarring, poor healing, and the need for further surgery. Other unforeseen complications, such as a problem related to your other medical conditions, can also arise.

If you have any questions, please consult your surgeon.