

Tympanoplasty & Mastoidectomy

Wound: A plastic ear shield with a Velcro head strap will secure gauze against the ear. Please leave this in place for two nights following surgery. If the plastic ear shield and head strap slides off of the head/ear, readjust it so it covers the ear. If you do this, make sure that the outer ear is flat against the head and not curled-up (this is very painful). The plastic ear shield can be removed the second morning after surgery and then reserved for use during sleep, if desired. It is normal for the gauze to be stained with blood from surgery; if there is any active bleeding, apply gentle direct pressure and contact the office.

When you remove the head dressing, you will see that a cotton ball has been placed in the opening to the ear canal on the outer ear. Just beyond the cotton ball, the ear canal is filled with a combination of a material called Gelfoam (looks like crusted blood) and Bacitracin antibiotic ointment. Do not attempt to remove any of the material or clean the ear canal. The only thing you should remove is the cotton ball.

There will be an incision behind the ear closed with absorbable suture (underneath the skin) and skin glue. The skin glue will begin to dry and flake-off over the next 1-2 weeks. Avoid picking at it – it keeps the incision clean, dry, and intact.

Note that hearing will likely be worse the first few weeks after surgery because of the packing material and blood clot within the middle ear and ear canal. It is normal to have fullness and hear popping sounds as the packing material slowly dissolves the few weeks after surgery. Mild dizziness or unsteadiness is normal for the first few days after surgery; if it persists or worsens, call the office.

Pain: Expect a mild-to-moderate amount of pain that may be worse at night when attempting to sleep. Use the pain medicine as prescribed in the early post-operative period and then transition to regular acetaminophen (Tylenol) or ibuprofen (Motrin, Advil). You may be surprised at how well these over-the-counter pain medications work. Avoid aspirin for 1 week after surgery as it may cause bleeding.

Antibiotics: If antibiotics have been prescribed, please take them as directed. Contact the office if you develop any fever, chills, worsening pain, swelling, redness, or drainage from the surgical wound.

Activity: No strenuous activity (PE class, bike riding, roller skating, skate boarding, etc.), heavy-lifting, contact sports, swimming, or airplane/mountain travel for 2-3 weeks after surgery. Do not blow your nose for 1-2 weeks. If you sneeze, keep your mouth open. Resume your normal diet without restriction.

Bathing: You may bathe/shower after the ear shield/gauze dressing has been removed. Place a Vaseline-coated cotton ball in the outer ear to prevent water from entering the ear canal. Do not allow the operated ear and incision to soak under water. After bathing, gently dry the ear with a clean towel.

Contact: My nurse can be reached at (603) 650-4399 and can answer any additional questions you may have after surgery. The Dartmouth-Hitchcock Medical Center operator can be reached at (603) 650-5000.

In addition, the following web page has helpful information regarding common pediatric ear, nose, and throat concerns: <http://www.entnet.org/kidsent>.

Follow-up: You already have an appointment scheduled a few weeks after surgery to return to Otolaryngology clinic for your first post-operative visit. If you need to confirm your first post-operative appointment, please contact my secretary at (603) 650-8123.