Randal W. Swenson, M.D. David K. Palmer, M.D. John E. Butler, M.D. Justin D. Gull, M.D.



Joshua G. Yorgason, M.D. Wesley R. Brown, M.D. Nancy J. Stevenson, PA-C Kristin G. Hoopes, PA-C

Postoperative Instructions For: Myringoplasty, Tympanoplasty, Mastoidectomy

Precautions

- 1. Do *not* blow your nose until your physician has indicated that your ear is healed. Any accumulated secretions in the nose may be drawn back into the throat and expectorated if desired. This is particularly important if you develop a cold.
- 2. 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.
- 3. Do *not* allow water to enter the ear until advised by your physician that the ear is healed. Until such time, when showering or washing your hair, lamb's wool or cotton maybe placed in the outer ear opening and covered with Vaseline. If an incision was made in the skin behind your ear, water should be kept away from this area for 21 week.
- 4. Do *not* take an unnecessary chance of catching cold. Avoid undue exposure or fatigue. Should you catch a cold, treat it in your usual way, reporting to your physician if you develop ear symptoms.
- 5. You may anticipate a certain amount of pulsation, popping, clicking and other sounds in the ear, and a feeling of fullness in the ear. Occasional sharp, shooting pains are not unusual. Sometimes it may feel as if there is liquid in the ear.
- 6. Do *not* plan to drive a car home from the hospital. Air travel is permissible 2 days after surgery. When changing altitude, you should remain awake and chew gum to stimulate swallowing.

Dizziness

Minor dizziness may be present on head motion and need not concern you unless it increases.

Hearing

An improvement in hearing is rarely noted immediately after surgery. Hearing may even be worse temporarily because of swelling of the ear tissues and packing in the ear canal. An improvement may be noted 6 to 8 weeks after surgery. Maximum improvement may require 4 to 6 months.

Discharge

A bloody or watery discharge may occur during the healing period. The outer ear cotton may be changed if necessary, but generally, the less done to the ear, the better.

A yellow (infected) discharge at any time is an indication to call to make an appointment to see your physician. Discharge with foul odor should also be reported.

Pain

Mild, intermittent ear pain is not unusual during the first 2 weeks. Pain above or in front of the ear is common when chewing. If you have persistent ear pain, not relieved by a few aspirins, call to make an appointment to see your physician.

Ear Drops

If you were given a prescription for ear drops, begin using these 3 weeks after surgery. Place a few drops in the ear twice daily to loosen the packing, which will run out of the ear as a liquid. Tip the head to the side, place two drops in the ear, and allow them to remain for 5 minutes. Then tip the head in the opposite direction to allow the ear drops to run out. Continue doing this twice daily until you have finished the drops or until advised otherwise by your physician.