



YOUR POST-OPERATIVE APPOINTMENT IS SCHEDULED FOR

It is essential to keep your post-op appointment, if this date and time does not work, please call our office to reschedule. (617) 524-3864

Post Operative Instructions Ear Surgery

DIET

- In the immediate post-operative period you may experience some vertigo, nausea or vomiting. It is therefore preferable to stick to a liquid diet or a light bland meal. A regular diet may be resumed the day after surgery.
- It is not unusual to experience an earache while chewing, and possibly some difficulty in fully opening the mouth.

WOUND CARE

- The operated ear is usually packed and full of blood. It will feel clogged and you may hear crackling sounds. On the side of the operated ear, the temple and the region around the eye may become a little swollen
- If you have a dressing wrapped around the head please keep that dressing dry. In general, such a dressing is removed the day after the surgery. If you have a cotton ball in the ear, change it when it gets soaked and replace it with a clean cotton ball. It is not necessary to use a band aid or adhesive tape to hold the cotton ball. Use a little antibiotic ointment to make the cotton ball stick.
- Do not allow any water to enter the operated ear. Protect the ear when showering or washing the hair with a cotton ball coated with Vaseline. It is a good idea to have someone help you with washing the scalp to avoid water. When finished washing, remove the coated cotton, wipe the ear with a soft paper tissue and place a clean, dry cotton ball. A little antibiotic ointment may help the cotton ball stick and stay in place. A shower cap provides extra protection.
- Thick, dark or bloody ear drainage is expected during the first week after surgery. You may clean the crusting from the outer part of the ear with peroxide and Q-tips. Replace the cotton ball in the ear with a clean, dry piece when the current one is soiled. Occasionally, you may see brown or dark red pieces of packing extruding from the ear canal. Do not attempt to replace them or to remove the remaining pieces that are still in the ear canal.
- Do not blow your nose for at least two weeks from the day of surgery. Blowing can build excessive pressure in the operated ear and affect healing

- If you have to sneeze, please do it with your mouth wide open to avoid pressure build up in your ear.
- When sleeping, try to sleep on the unoperated ear.
- Avoid flying in a plane for 8 weeks after the operation.
- You may have stitches behind or in front of your ear. These may be absorbable, but if they are not, they will be removed during your first post-operative visit (about 1 week after surgery). You may put antibiotic ointment (bacitracin or Neosporin) over this area about twice a day to help it heal well.
- Expect it to take weeks for your hearing to start to get better (unless you have been told that your hearing may not improve after this surgery). The packing is in place and this is expected to cause hearing problems.

MEDICATIONS

- Antibiotics may be prescribed, please take them as directed until they are all gone. You may take pain medication as needed. Pain medications cause drowsiness, somnolence, nausea and constipation. Please refrain from driving, operating machinery or making important decisions when taking painkillers.

FOLLOW-UP

- If you have a wrap-around dressing you may remove this on the morning after your surgery. On the day/night of surgery you may reinforce or change this dressing if it is quite saturated. Please keep your post-operative appointment, which will be about 1 week after surgery.

WHEN TO CALL YOUR DOCTOR

- Excessive headache, severe attacks of dizziness or vomiting that does not let up.
- Fever above 101.5 degrees
- Facial paralysis (Inability to close the eye and crooked smile like in Bell's Palsy)

Should you have any questions or problems following your procedure which have not been covered in this information sheet, please feel free to call the office between the hours of 9AM and 5PM and we will be happy to answer your questions.

Some important information about narcotic medications:

NARCOTICS (OPIOIDS)

Frequently after surgery you may be prescribed a narcotic pain medication, also known as opioid medications. Tylenol #3 (Tylenol [or acetaminophen] with codeine), Vicodin (Tylenol with hydrocodone), and Percocet (or its liquid form, Roxicet which are Tylenol and oxycodone) are commonly given for procedures where pain may not be easily controlled with Tylenol alone. As these above listed pain medications include acetaminophen (Tylenol) as well, it is notable that you should not be taking additional Tylenol on top of these medications. (Acetaminophen not to exceed 3000 mg daily for adults or 10 mg/kg per 4 hours in children, 15 mg/kg per 6 hours in children).

Common side effects of narcotics include:

- Sedation- because these medications can make you drowsy, do not operate heavy machinery nor drive while taking them. Also, do not make important decisions after anesthesia nor while on these medications.
- Nausea- try to take a little bit of food (even a tablespoon or two of applesauce; something simple) before the narcotic, to prevent nausea. Also, use the least amount that is effective to avoid additional adverse side effects. If taking the narcotic you are still very nauseous or vomiting, call the office to obtain anti-nausea medication or to be switched to a different pain medication.
- Constipation- for some people, narcotics can cause significant constipation. Taking an over the counter stool softener, such as Colace or Dulcolax can be helpful in preventing this, or consider adjusting your diet (e.g. adding prunes/juice/fiber) while taking them to avoid/alleviate this problem. Call the office if this is a problem despite these suggestions.
- Itchiness- unless you have a rash (which would indicate potential allergic reaction) this is seen in association with a histamine release noted by some patients when taking narcotics. An antihistamine such as Claritin (loratadine), Zyrtec (ceterizine) or Benadryl can generally alleviate this.

When taken as prescribed, narcotic pain medications can manage pain safely and effectively. But taking medication that is not prescribed for you, taking more pills than have been prescribed, taking too many prescription narcotics at once, or taking them in ways other than prescribed can have short-term and long-term harmful effects on the brain and body, including serious medical complications, addiction, brain damage, overdose and death.

Disposal of Unused Prescription Drugs:

- Bring unused medications to secure medication drop-off boxes around the state. To find a drop box in your area, visit www.mass.gov/DrugDropbox
- Do not flush medication down the drain unless the label or accompanying patient information specifically instructs you to do so
- If you throw medication in the garbage, remove the medicine from its container, crush the pills and mix them with coffee grounds or kitty litter. Place the mixture in an

unmarked container, like an empty can or sealable bag, and throw the container in the trash.