

**Postoperative Care:
Ear Surgery: including myringoplasty,
mastoidectomy, exostosis, stapes and
tympanoplasties.**

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Major ear surgeries are generally performed to eradicate any ear disease, create a safe ear and restore the hearing function. Examples of major ear surgeries include: meatoplasty, exostosis drillout, myringoplasty, atticotomy, canal wall up or canal wall down mastoidectomy, cortical mastoidectomy, modified radical mastoidectomy, tympanomastoidectomy, facial nerve decompression, ossicular chain reconstruction, ossiculoplasty, stapedotomy, cochlear implant, etc.

Some major ear surgeries (except grommet insertion) will require an overnight. Patients may have a head dressing on the first night which will be removed on the morning after surgery.

Most ear surgery will result in some dizziness and muffled hearing. Most dizziness will go away in a day or two, but the muffled hearing often lasts for up to 3-4 weeks as there's usually dissolving dressing applied on the inside of the ear drum. A small amount of blood stained discharge from the ear canal and the back of the ear and potentially some blood-stained mucous may be experienced as blood may ooze around the ear and down the eustachian tube into the nose.

Numbness around the ear is expected and pain around the jaw and temple is also expected. Usually, patients will go home on some analgesia and antibiotic ear drops. Pain is not often a major issue.

The surgeon would educate you on the specifics of each ear surgeries and their postoperative care. In general, it is safe to abide by the following basic rules: Keep the ear dry. The back of the ear where there may be an incision can get wet after the first week, but the ear canal should remain as dry as possible for up to 4 weeks. Only antibiotic eardrops are acceptable in the ear canal. Usually a cotton ball in the bowl of the ear is sufficient dressing. Remove the cotton ball, apply eardrops directly onto the ear canal, wait for 5 minutes with the operated ear up, and then replace the cotton ball.

DO NOT blow your nose, strain or do any strenuous activities for the first 4 weeks after an ear surgery as these may cause air and pressure to be transmitted into the ear causing dislodgement of microscopic ear prosthesis or the ear drum graft. If you sneeze, open your mouth.

Be careful with dizziness. Avoid driving in the first 2 weeks. Do not work on heights. Dizziness may cause you to be unsafe. Some types of work are acceptable 1 week after ear surgery, but others may not be appropriate. Discuss with your surgeon specifically. Usually an appointment will be made at 1-2 weeks after surgery and then 2-3 weekly reviews until the ear is well healed. A hearing test is done approximately 2-3 months after surgery and the patient will often require 6-12 monthly checkups. Some major ear surgeries for

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cholesteatoma are staged, and will require a second surgery 12 months after. If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department or at the surgeons privates rooms. We are unable to give a safe advice over the phone without directly examining the patient. Do not hesitate to contact our office for further advice.