enttex
Ear, Nose & Throat Associates of Texas, PA

Neelesh H. Mehendale, MD, FACS
Chad M. McDuffie, MD, FACS
Dale R. Ehmer, Jr., MD, FACS
Nicholas J. Peiffer, MD, FACS
Lav A. Kapadia, MD
Otolaryngology/Head and Neck Surgery

Post operative instruction for Ear Surgery

(Tympanoplasty, Mastoidectomy, Stapedectomy)

Diet

In the immediate post-operative period, the patient 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 some earache on mastication 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 orbit (eye) may become a little swollen. If you have a dressing wrapped around the head or sutures behind the ear, please keep that dressing dry and avoid water at any cost. In general, such a dressing is removed a couple of days 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.

1. **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.
2. **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 (Gelfoam) extruding from the ear canal. Do not attempt to replace them or to remove the remaining pieces that are still in the ear canal.
3. 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 displace the reconstructed or grafted eardrum.
4. If you have to sneeze, please do it with your mouth wide open to avoid pressure build up in your ear.
5. When sleeping, try to sleep on the unoperated ear.

Medications

Antibiotics are usually 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

Neelesh H. Mehendale, MD, FACS
Chad M. McDuffie, MD, FACS
Dale R. Ehmer, Jr., MD, FACS
Nicholas J. Peiffer, MD, FACS
Lav A. Kapadia, MD
Otolaryngology/Head and Neck Surgery

constipation. Please refrain from driving, operating machinery or making important decisions when taking painkillers.

Follow-up
If you have a wrap-around dressing or a dressing sutured behind the ear, you may remove the dressing at home after 24 hours.

Contact our office and report any:
Excessive headache, severe attacks of dizziness or vertigo or intractable vomiting
Temperature above 102 degrees
Facial paralysis (Inability to close the eye and crooked smile like in Bell's Palsy)

We do not refill painkillers over the phone.

We are unable to refill your medications on weekends or after hours.
For prescription refills, please call during office hours:
Monday-Friday: 8:30 am – 4:30 pm

If you have medical questions or concerns, please call **972-731-7654**, and choose **option 3** to speak to (or leave message) for the nurse. To expedite care, please note the patient's date of birth, spell the patients full name, and leave your name/relationship and best phone number.