

POST-OP INSTRUCTIONS

Stapedotomy

What to Expect After Surgery

- **Diet:** In the immediate post-operative period, you may experience some dizziness, 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 with chewing and possibly, some difficulty in fully opening the mouth.
- **Medications:** If antibiotics are prescribed; please take them as directed until they are all gone. You may take pain medication, including Tylenol®, Motrin®, Advil®, or Aleve® as needed. Pain medications cause drowsiness, somnolence, nausea and constipation. Please refrain from driving, operating machinery or making important decisions when taking pain medications.
- **Symptoms After Surgery:** You may notice a slight taste disturbance or metallic taste which may take several weeks to resolve. Dizziness, nausea, and vomiting may last for several days after surgery. The ear will be full of packing and may feel full; cracking and popping sounds that occur in the ear are normal. Ear drainage mixed with blood and clots is normal.
- **Post-operative Visits:** You should see your surgeon in 1 week after surgery for a wound check and packing removal. You will have follow up hearing test. The timing of your post-operative hearing test will be determined by your surgeon. After your ear has completely healed, yearly check-ups and hearing tests are recommended.

Post-operative Care Instructions

- The operated ear is usually packed and full of blood. It will feel clogged and you may hear crackling sounds; this is normal after surgery.
- If you have a cotton ball in the ear, change it when it gets soaked and replace it with a clean cotton ball. Occasionally, a piece of packing will come out of your ear when you remove the cotton ball; this is normal and not a cause for concern. You may use a little antibiotic ointment to make the cotton ball stick.
- You will have a small incision behind your earlobe. Keep it dry for 48 hours after surgery. Afterwards, you may allow the incision to get wet, but do not scrub at the incision or allow

the incision to soak underwater. There are sutures that will come out on their own, usually 1-2 weeks after surgery.

- 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 your hair. 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 coming out of the ear canal. Do not attempt to replace them or 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 displace the reconstructed or grafted eardrum. 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.

When to Call After Surgery

- Excessive headache, severe attacks of dizziness or vertigo, or intractable vomiting
- Deterioration in hearing
- Pus-like or foul-smelling discharge from the ear
- Swelling behind the ear
- Temperature above 101°F
- Facial paralysis (Inability to close the eye and crooked smile, like in Bell's Palsy)

Please note: We do not refill prescription pain medications over the phone and we are unable to refill your medications on weekends or after hours. For prescription refills, please call during office hours.