

The Oregon Clinic, Plaza ENT Division
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Patient Information – Ear Surgery Instructions

Pre- and Post-operative Instructions for Ear Surgery
(not including ear tubes)

Before Surgery:

Many ear surgeries involve manipulation of the eardrum (tympanic membrane), and some require the removal of bone to facilitate the treatment of your ear disease. As with any operation, infection, scarring, and blood clot formation (hematoma) are possible. The facial nerve is at risk for injury or temporary weakness during any ear surgery. Dizziness following surgery may be expected. Hearing loss or ringing in the ear (tinnitus) may be more pronounced. Taste disturbance is not uncommon in certain ear surgeries for a few weeks following surgery and, in a few instances, could be prolonged or permanent.

An incision may be made behind your ear, on your earlobe, or behind the pointed cartilage in front of your ear (the tragus). These areas normally heal without problems or obvious scars. Hair around the ear may or may not be shaved.

Flying is usually permitted one month after surgery. Swimming may be allowed six weeks after surgery, but check with your doctor first before resuming swimming or other water sports. If your work is not strenuous and depending upon the type of surgery you've had, you may return to work 3 to 4 days from the date of surgery.

Generally, you will be seen about 2-3 weeks after surgery. This gives your eardrum time to heal before we see you back.

Pre-operative Instructions:

1. Stop taking Aspiring 14 days before surgery. Stop taking Ibuprofen, naproxen, or other anti-inflammatory medicines 7 days before surgery. Narcotics and Tylenol (acetaminophen) are acceptable.
2. Do not eat or drink anything (including water) after midnight before surgery. If your child is having surgery, we will tell you what time to withhold food/drink.
3. Arrange for someone to drive you home after surgery.

After Surgery:

Please observe the following regarding care for your ear after surgery

1. After discharge from the hospital you may resume most normal activities. You may not do any heavy lifting (nothing over 25lbs) and you may not do any vigorous exercises (jogging, tennis, aerobics). Do not bend. If you need to bend, bend at your knees.

2. It is important to keep water out of your ear until cleared by your physical. To avoid water in the ear, work Vaseline into a cotton ball and put it in the ear, then put more Vaseline on top of the cotton.
3. You will have some packing in your ear that will prevent you from hearing well following surgery. Two weeks after surgery all packing will be removed, in most instances. **Do not remove the packing yourself. Do not put anything inside the ear canal. This includes Q-tips.**
4. Do not blow your nose for two weeks after surgery. After two weeks, you may blow your nose gently, one side at a time, with your mouth open. If you must sneeze, do so with your mouth open. You want to avoid generating too much pressure in your nose, as this may travel up your Eustachian tube and displace the eardrum.

Things to do following ear surgery:

1. If you have large, saucer-shaped Velcro dressing over your ear, you may remove it 48 hours after surgery. If there is a piece of gauze behind your ear, remove it then. At that time you may remove and change the cotton ball in your ear if it is present. After 48 hours, you may shower and get the incision wet.
2. Change the cotton ball as frequently as you'd like, but realize that thin, reddish-brown fluid will drain out of your ear. This is normal.
3. Keep antibiotic ointment on the incision three times a day to help the sutures dissolve. Apply ointment after your shower.

Your hearing will be diminished after surgery due to the packing in your ear canal and/or middle ear. You may hear a variety of strange noises in your ear, such as cracking, popping, ringing, etc., and you may sense a feeling of pressure in your ear.

Call your doctor or the clinic immediately if you experience any of the following:

1. Fever (oral temperature above 101 degrees Fahrenheit)
2. Dizziness that persists or is getting worse
3. Weakness or numbness of the face
4. Pain that is not helped by taking pain medication and is getting worse.
5. Redness and/or swelling around the incision.

Office Phone 503-488-2400

Instructions Given By: _____

Patient Released To: _____ Date: _____