EAR SURGERY

GENERAL ADVICE

- Do not allow water into the ears
- Use a Vaseline smeared cotton ball to plug the outer ear, do it only during head wash/bath only
- Kindly do not use home oil/ cooking oil/mineral oil/ over the counter drops/ unprescribed drops unless advised
- Do not blow your nose (in case of ventilation tube surgery as it might get dislodged) for up to 3 weeks after surgery
- Do not blow air into your ears/pop your ear by pinching the nose
- If you must sneeze do it with an open mouth and nose do not try to close nose or mouth while sneezing, as the sudden build-up of pressure might displace the repaired eardrum/ventilation tube
- Avoid activities that might increase the blood pressure in the upper body especially the head and neck region example avoids bending forward sudden leaning forward, lifting heavy weight etc.
- Avoid strenuous activities gym/ bicycle/ jogging/ weight lifting heavy household work for a minimum of 6 weeks.
- Avoid swimming/ water sports/sky diving for at least 6 weeks after the surgery
- Swimming can be resumed only after the due / advised course of days.
 Please use swim molds or custom-made earplugs
- Driving is permitted if you no longer feel dizzy or tired
- Air travel is allowed only after 3-4 weeks (especially for ear surgery)

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OTHER CONCERNS

DRESSING

After surgery, you may have a head dressing that would be removed between 3-5 post-operative days. AFTER DRESSING REMOVAL, you may need to replace a clean cotton 4-5 times a day. A little amount of bloody drainage is expected for up to 2 weeks after surgery.

SOUND

You may experience fluid into ear/ ear fullness/ popping/ clicking or other foreign sounds which may vary during the day. It is because of the wet dressing pieces (gel foam) which would be removed or will dissolve in due course of time

DIZZINESS

Not uncommon after ear surgery (especially after stapedectomy or inner ear surgery) and may start even after the first 2-3 days due to swelling in the inner ear structure. You will be prescribed medication for the same. Also, avoid sudden movements of the head, get out of bed slowly, take support till it disappears. If it is severe you should report it immediately. Driving is strictly prohibited if you feel dizzy.

PAIN

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Mild pain is expected for the first several days. You will be given pain medication for regular use for up to 3 days and then only if you experience pain. Brief occasional pain can also be there during chewing. If it is persistent or intolerable kindly report to the clinic.

HEARING

Immediate improvement in hearing cannot be promised. Also, you may not notice any improvement due to packing placed into and over the ear after surgery (which takes up to 6 weeks to resorb). In reconstructive surgeries to improve your hearing, a table assessment can be done and later confirmed with an electronic hearing test (PTA). However maximum improvement may take up to 4 months or even more.

DISCHARGE FROM EAR

Watery blood-stained red / pinkish discharge may happen during the first week, this is usually of no concern (happens as the material used for packing the ear liquefies). A clean piece of cotton can be placed to collect the discharge. If you experience any foul odor or yellow or green colored discharge, you should report to the Doctor.

TASTE DISTURBANCE

May occur for first few weeks may be associated with dry mouth for first few weeks following surgery, in few cases may last up to months.

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SWELLING

Postoperative swelling behind the ear with some numbness over the top of the ear (due to incision and bruising), both should gradually subside.

STAPEDECTOMY/ STAPEDOTOMY

On table assessment of hearing improvement is generally done if surgery is being conducted in local anesthesia. However, due to packing done after surgery, you may again feel an ear block.

Airplane travel is not allowed for up to 3 weeks post-op after that up to 3 months you should decongest your nose during air travel. Put nose drops as advised 30 min prior to taking off and 30 minutes prior to landing. If possible, keep chewing and swallowing to equalize pressure on both sides of the drum.