



POST-OPERATIVE INSTRUCTIONS STAPEDECTOMY

DAVID M. VERNICK, MD, FACS

Chief of Otolaryngology,

Assistant Clinical Professor, Harvard Medical School

Beth Israel Deaconess Medical Center

Otology, Neurotology, Skull Base Surgery

HARSHA V. GOPAL, MD, FACS

Assistant Clinical Professor, Harvard Medical School

Rhinology, Sinus Disorders,

Snoring/Sleep Apnea,

Head and Neck Surgery

CECILIA V. TRAN, MD

Clinical Instructor, Harvard Medical School

Rhinology, Sinus Disorders,

Laryngology, Head and Neck Surgery

ANN STOCKWELL, MA, CCC-A

Director of Audiology

RACHEAL RUSH, MCD, CCC-A

Audiologist

TRACY BLAIR, MS, CCC-A

Audiologist

KERRY COHEN, AU.D., CCC-A

Audiologist

The following is a complete list of instructions. It is very important that you read and follow these instructions carefully. If you are unclear about any of the instructions, please contact my office at (617) 383-6846.

I. PRECAUTIONS TO BE OBSERVED FOLLOWING STAPEDECTOMY:

A. Activity –

1. No heavy lifting, strenuous exercise, bending at the waist for three to four weeks following surgery.
After that, you may gradually resume your normal activity level.
2. You may engage in light activity such as walking after surgery.
3. **DO NOT** drive a car until after the first post-operative office visit.
4. **DO NOT** take an airplane flight until four weeks post-surgery.

B. Keep water out of operated ear –

1. This precaution should be observed for at least three weeks post-operatively.
2. When washing hair or showering, place cotton in the outer ear and put Vaseline on the outer portion of the cotton (thus making a waterproof plug).
3. NO swimming until four weeks after the surgery.

C. DO NOT blow your nose –

1. This precaution should be observed for one month following surgery.
2. Sniffing is permitted.
3. Sneeze with mouth open.

II. MEDICATIONS:

- A. Antibiotics are often prescribed during the first week after surgery. Following instructions on the prescription bottle.
- B. Usually Tylenol is sufficient for relief of post-operative discomfort. If this is not sufficient, you may use the prescription pain medication.
- C. Call my office if pain is not relieved by the prescription pain medication.
- D. Do not take aspirin (or aspirin-containing products) for two weeks after surgery since aspirin interferes with blood clotting.

III. DRESSING AND PACKING REMOVAL:

- A. Packing is placed in the ear at the time of surgery.
- B. It is normal to have a light staining of blood on the cotton for the first few days after surgery.
- C. The packing will be removed in the office about one week after surgery.
- D. After the packing is removed, you may continue to have a small amount of bloody drainage from the ear.
- E. Continue to change the cotton once or twice daily until the drainage ceases.
- F. Continue to observe water precautions until three weeks after surgery.

IV. HEARING:

- A. Hearing will be poor as long as there is packing in the ear.
- B. Crackling or squishing sounds are often heard in the ear while the packing is in place.
- C. After the packing is removed, it will take some (perhaps six weeks or so) before the final hearing level is established.
- D. Sounds may be distorted or too loud after packing removal, this will gradually clear.

V. FOLLOWING SURGERY, CALL THE OFFICE IF YOU EXPERIENCE:

- A. Dizziness.
- B. Nausea and/ or vomiting.
- C. Diminution, fluctuation, or distortion in hearing following packing removal.
- D. Severe ear pain (note that mild "shooting" pains during the first four to six weeks after surgery are normal and aren't a cause for alarm).
- E. Profuse drainage from the ear (note that a small amount of drainage is normal and not a cause for alarm).
- F. Persistent temperature $> 101^{\circ}$ F.