

VERNICK & GOPAL LLC

Ear, Nose and Throat Specialists



Harvard Medical School
Otolaryngology

POST-OPERATIVE INSTRUCTIONS TYMPANOPLASTY/OSSICULOPLASTY/MIDDLE EAR SURGERY

DAVID M. VERNICK, MD, FACS
Chief of Otolaryngology,
Assistant Clinical Professor, Harvard Medical School
Beth Israel Deaconess Medical Center
Otolaryngology, 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

I. PRECAUTIONS TO BE OBSERVED FOLLOWING SURGERY:

A. Activity –

1. No heavy lifting, strenuous exercise, bending at the waist for two – four weeks following surgery. After that, you may gradually resume your normal activity level.
2. You may engage in light activity such as walking post-operatively.
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 until you are told otherwise.
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 you are given the OK to do so.

C. **DO NOT** blow your nose –

1. This precaution should be observed until you are told otherwise.
2. Sniffing is permitted.
3. Sneeze with mouth open.

II. MEDICATIONS:

- A. Antibiotics are often prescribed during the first week after surgery. Follow 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:

- A. Do not change the dressing until your first follow up visit.
- B. It is normal to have some bloody staining to the dressing.

IV. PACKING REMOVAL:

- A. Packing is placed in the ear at the time of surgery.
- B. The packing will be removed in the office one week after surgery.
- C. After the packing is removed, you may continue to have a small amount of bloody drainage from the ear.
- D. Continue to change the cotton once or twice daily until the drainage ceases.
- E. Continue to observe water precautions until you are instructed otherwise.

V. 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 time (perhaps six weeks or so) before the final hearing level is established.

VI. 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 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° F.

Please schedule an office visit for about one week after surgery:

Cathy @ 617-383-6846