

## ENT ASSOCIATES

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### INSTRUCTIONS AND INFORMATION FOR EAR SURGERY

**ABSOLUTELY, DO NOT TAKE ASPIRIN, MOTRIN, IBUPROFEN, ADVIL, EXCEDRIN, ALEVE NAPROXEN, NUPRIN, ALKA-SELZER, OR SIMILAR NON-TYLENOL PAIN RELIEVERS FOR 2 WEEKS BEFORE AND AFTER SURGERY UNLESS APPROVED BY YOUR SURGEON. THESE INCREASE THE RISK OF BLEEDING! DO NOT TAKE OVER-THE-COUNTER SUPPLEMENTS FOR 2 WEEKS BEFORE OR AFTER YOUR SURGERY UNLESS APPROVED BY YOUR SURGEON.**

#### **Reasons for ear surgery:**

- Chronic or recurrent ear infections/drainage.
- **Cholesteatoma** – A growth of skin from the ear drum into the middle ear space. If left untreated, this can decrease/destroy hearing, cause dizziness, produce infection, or allow skin growth into the mastoid bone behind the ear and elsewhere.
- **Perforation** – To repair a hole in the ear drum.
- Improvement of hearing loss.

**Goals for ear surgery in order :( in some situations all goals are not able to be accomplished)**

- 1. Achieve a safe ear that is not at risk for further complications.**
- 2. Achieve a dry ear that is no longer draining infection.**
- 3. Achieve a better hearing ear.**

**Ear surgery may include several different procedures based upon your specific needs:**

- **Tympanoplasty** – Patching of the ear drum with tissue obtained from near the ear. The surgery may be performed either through the ear canal or through an incision in the crease behind the ear (depending on the size of the perforation).
- **Ossicular reconstruction** – Repair/replacement of the small middle ear bones to improve hearing. Either the patient's bone/cartilage or artificial implant may be used.
- **Mastoidectomy** – Removal/drilling away of the mastoid bone behind the ear. This is done to treat infection, cholesteatoma, and other disease that has spread into the mastoid bone. This additional procedure generally does not change the appearance of the ear.

Usually an accurate diagnosis of ear problems may be made before surgery. However, additional information is learned once the middle ear is examined directly (in surgery) and needs of treatment may be modified. For this reason, it may be necessary to include those procedures described above.

- Patients normally come into the hospital, have surgery, and go home the same day.
- Usually done under general anesthesia (asleep).

#### **General Information:**

- **Our office will call you the day before surgery with your arrival time unless otherwise instructed by our staff**

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- **You may not eat or drink ANYTHING after midnight the night before your surgery.**
- **Day of surgery** – Patients arrive at the scheduled time and usually leave a few hours after surgery. Please arrange for someone to drive you and to stay with you the night after surgery.
- **Postoperative visits** – These are done to remove sutures, remove packing from the ear, for hearing tests, and as otherwise necessary.

### **Information about surgery:**

- Usually performed either through the ear canal or by an incision behind the ear.
- Surgery usually lasts 2-5 hours, depending on its complexity.
- **Pain** – Generally mild and well-controlled with medication.
- **Nausea** – May occur from the anesthesia.
- **Dizziness and unsteadiness** – (Usually mild) may occur temporarily after surgery.
- **Packing** – (Dissolvable) is normally used. A small amount of brownish fluid may leak from the ear canal along with an occasional small piece of sponge-like packing. Occasionally non-dissolvable packing is needed and will be removed 1-2 weeks after the surgery. Take a pain pill prior to this visit if you have someone to drive you.

### **Hearing:**

- Is decreased for several days after surgery due to packing in the ear. There is usually a stuffy/full feeling in the ear as well.
- Sometimes a second surgery is necessary to repair the bones of the middle ear and to improve hearing or to re-examine the ear to be sure no cholesteatoma has returned.

### **Risks of surgery:**

Any surgery can have the possibility of infection, bleeding, reaction to anesthesia or medications, and even death. Some of the risks with ear surgery, in particular, include:

- Injury to the hearing mechanism or hearing loss. There is potential for a “dead” ear that cannot even be improved with a hearing aid.
- Injury to the balance mechanism or dizziness/vertigo.
- Injury to the facial nerve which supplies muscles of the face, causing complete paralysis of that side of the face, or to the chorda tympani nerve which supplies some taste sensation.
- Injury to the brain and other nerve structures, cerebrospinal fluid leak, or meningitis.
- Need for further surgery or treatment, including hearing aid device.

### **Postoperative instructions:**

- Showering if OK 48 hours after surgery, but **DO NOT** get water in the operated ear.
- Use a cotton ball saturated with Vaseline type ointment when showering.
- Apply antibiotic ointment to skin incisions 2 times daily for 10 days. The incision may be cleaned with a Q-tip and peroxide.
- Approximately 4 weeks are required for healing of the ear drum. During this time:
  - Sneeze with mouth open.

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- Do not blow your nose.
- Avoid strenuous activity, gym class, heavy lifting, exertional activity, etc.
- Contact the office if a cold or sinus infection develops; antibiotics may be prescribed.

**Thank you again for the opportunity to participate in your health care! Please let us know if we can answer any further questions or how we may make your surgical experience more pleasant!**

Michael J. Brown, M.D.  
Jeffrey C. Nau, M.D.

**Electronically Signed**