



Tympanomastoidectomy Post-Operative Care

Expectations

This surgery is typically performed for two indications:

1. Removal of a Cholesteatoma in the middle ear (benign skin growth)
2. Persistent tympanic membrane perforation that has failed to heal after previous re-pair and/or chronic drainage from the ear.

A 2nd stage surgery may be planned 6 months after the initial surgery. This will be decided by you and your physician.

- Drainage from the ears is common after surgery (blood-tinged). This should gradually decrease.
- It is typically same-day outpatient surgery. Occasionally, overnight stay is recommended.
- The ear canal will contain packing that will be removed in the post-operative period.
- Dizziness is not uncommon.
- Hearing may be worse after surgery due to the packing.
- Popping and crackling in the ear is expected.

Activity

- Avoid air travel for 4 weeks after surgery and check with your surgeon before planning a trip.
- Non-strenuous activity can be resumed on the day after surgery and it is encouraged to be active and mobile. This will reduce risk of deep venous thromboses (or blood clots).
- Avoid lifting > 15 lbs. for 2 weeks.
- No sports and vigorous exercise for 4 weeks.
- No nose blowing for 4 weeks. Sneeze with your mouth open.
- No swimming until cleared by your surgeon.

Water Precautions

- The ear must be kept dry for at least 4 weeks. Consult with your surgeon before getting ear wet.
- Place a firm cotton ball in the ear canal and apply Vaseline on the outside of the cotton ball for showering/bathing. Wash children's hair in the sink for better control. You may shower 2 days after surgery.

Wound Care

- Keep bulky ear dressing in place for 24 hours and then remove.
- If there is a cotton ball at the entrance to the ear canal, you may change this as needed.
- Do not remove packing from the ear canal.
- Apply antibiotic ointment (Neosporin, polysporin, or triple antibiotic) to the incision behind your ear twice daily.

Diet

Clear liquids will be started immediately after surgery. Light food is best on the day of surgery. Regular diet can be resumed as tolerated.

Medications

- You may resume your preoperative medications unless otherwise specified by your doctor.
- Pain control
 - o You have been provided with a prescription for a opioid pain medication (hydro-codone/acetaminophen or oxycodone/acetaminophen). There are plenty of patients who never need to take this medication. It may be needed for the first few days or up to a week after surgery.
 - o This medication can cause constipation, so start a stool softener (Miralax, Colace, or Senokot) while taking this medication.
 - o Many patients only need ibuprofen or acetaminophen (Tylenol) after surgery for pain control. You can take 400 mg of ibuprofen every 8 hours.
 - o You can also use Tylenol or acetaminophen but do not take this if you are taking hydrocodone/acetaminophen or oxycodone/acetaminophen.
 - o Maximum daily dose of Tylenol (acetaminophen) is 3000mg from all sources.
- Ear drops
 - o You likely will be dispensed ear drops after surgery. Instructions on use will be provided by your surgeon.

Follow-up

You will be scheduled for a follow-up 1-3 weeks after surgery.

Call Lakeside ENT & Allergy at 585-394-8800 if you develop any of the following symptoms:

- Fever >101.5
- Poorly controlled pain
- Worsening dizziness
- Thick pus or mucous draining from your ear
- Mental status change