

Mastoidectomy

Ossicular Reconstruction

Stapedectomy

Tympanoplasty

Discharge Instructions

North Shore, Sea to Sky,
Sunshine Coast, Powell River,
Richmond and Vancouver

General Information

□ **Mastoidectomy**

Bone behind your ear has been removed to allow access to your diseased ear tissues.

□ **Ossicular Reconstruction**

Your tiny ear bones have been replaced or repositioned so that sound vibrations can be carried to your inner ear.

□ **Stapedectomy**

Your stapes bone (the smallest bone in the middle ear) has been removed and replaced with a prosthesis (an artificial part)

□ **Tympanoplasty**

Your eardrum (the tympanic membrane) has been repaired or rebuilt. The small bones of the middle ear may also be repaired or reconstructed at the same time.

Important Points in Treatment

For 2 weeks following your ear surgery

AVOID

- exposure to people with colds or respiratory infections
- sudden movements or shaking your head, bending forward
- vigorous exercise, gym activity, household chores/ cleaning and weight lifting

For 3 weeks following your ear surgery

- DO NOT blow your nose. (Instead, draw secretions into the back of your throat and spit out.)
- DO NOT hold your nose to avoid sneezing - if you sneeze, do so with your mouth open.
- DO NOT play musical instruments which you blow into (eg. trumpet, flute, saxophone, etc.).

For 6 weeks following your ear surgery

AVOID

- extreme altitude (height) changes such as flying, travelling in the mountains and amusement rides.

Caring for and protecting your ear

- A clean cloth moistened with warm water may be used to clean the outer ear. Wash your hands with soap and water before and after ear care.
- Your ear should be exposed to air as much as possible. A clean cottonball should be placed in the ear canal during the day while combing the hair, during exposure to a dusty atmosphere, during the night to prevent staining your pillow. Change the cottonball when it gets wet. At first, the drainage may be reddish brown in colour, but the brown drainage usually becomes clear and disappears within 1 to 2 weeks. If the drainage increases, call your doctor.
- Keep water out of the ear canal for at least 3 weeks.
- Hair may be shampooed. To prevent water entering the ear, place a clean cottonball in the ear canal and cover it with a generous amount of vaseline to form a seal. Avoid water on the suture area by placing plastic over the ear.
- When lying down, lie on the side which was not operated on, so that pressure is not on the ear that was operated on.

Medications

- If ear drops are ordered, position your head with the affected ear up for 5 to 10 minutes after putting in the drops - this will help the drops absorb. A clean cottonball may then be placed in the ear to collect drainage.
- Your doctor may prescribe medication for pain. Take it as you need it. If your doctor prescribes antibiotics, take as directed until the entire supply is gone.

Unusual sensations you may have

- Periods of vertigo (spinning sensation) or dizziness (light headedness) may occur for several days. Take precautions to prevent falls.
- Your hearing may improve or fade at times during the first 3 weeks. There may be crackling and popping of the ear and it may sound like your head is “in a barrel”. This is normal and is not cause for alarm.
- Because a nerve for taste passes through the ear, it is not unusual for the taste sensation to be altered slightly for several weeks or months following the surgery.

Notify the Doctor or Go to the Emergency Department if any of the following happens:

- persistent bleeding
- foul smelling discharge
- temperature of 38°C (or 100.4°F) or higher
- pain not relieved by prescribed medication
- persistent dizziness or vertigo, especially if accompanied by a constant loud buzzing or ringing
- significant or sudden hearing loss

Follow-Up Appointment

It is important that you return for your schedule appointment. If sutures and/or ear packing are in place, these will be removed by your doctor during your return visit.

Your appointment with Dr. _____
is on _____ at _____: _____ am / pm.

Additional Instructions:



Making better
decisions together
with patients
and families

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