



Ear Center: Postoperative Instructions for Stapedectomy, Ossiculoplasty, Tympanotomy, Maxum® Hearing Implant

Phone: 336-273-9932

Website: www.earcentergreensboro.com/

Avoid undue fatigue or exposure to colds or upper respiratory tract infections if possible.

It is best to not blow your nose for approximately one week. If absolutely necessary, blow your nose gently, one side at a time, with your mouth open.

Any accumulation of mucous in the nose should be drawn back into the throat and expectorated through the mouth to avoid infecting the ear. If it is necessary to sneeze, do so with your mouth open. Do not hold your nose to avoid sneezing.

Do not play wind instruments, fly in an airplane, or swim for 3 weeks. Do not sky dive or scuba dive in the future without discussing the activity first with your surgeon.

Do not sleep on the side of the operated ear for one week.

Avoid heavy lifting, greater than 20 lbs., for one week following your operation.

A soft washcloth with warm water may be used to clean the outer ear as often as necessary for cleanliness and comfort. Do not use oil or allow water to enter the ear canal.

Do not allow any water to enter the ear canal for 6 weeks after surgery.

You may shampoo your hair 2 days following surgery provided that water is not allowed to enter the ear canal. Water can be kept out of your ear canal by placing a cotton ball in the ear opening and applying Vaseline® over the cotton to form a watertight seal.

If eardrops are to be instilled, position the head with the affected ear up during the instillation and remain in this position for 5 to 10 minutes to facilitate the absorption of the drops. Then, place a clean cotton ball in the ear canal for about one hour.

The ear should be exposed to the air as much as possible. A cotton ball should be placed in the ear canal during the day while combing the hair, during exposure to a dusty environment, and at night to prevent drainage onto your pillow. There may be red-

tinged drainage from your ear. If this persists longer than four days or becomes thick, green, or yellow, please call your physician.

After ear surgery, your equilibrium may be affected. You may experience periods of vertigo or dizziness for the first several days. Take the necessary precautions to prevent injury if these symptoms are present. If the vertigo should last more than 3 days or become progressively worse, please call our office at 336-273-9932.

You may notice the disequilibrium upon standing up or when turning your head from side-to-side. This is common and should resolve within the first week.

Do not be concerned about your hearing for 3 weeks following your procedure. Your hearing may improve or fade at various times during the first 3 weeks. You may hear cracking and popping sounds in your ear for several weeks. At times, it may sound like your head is "in a barrel" or that you are "talking in a tunnel." All of these sounds are normal and are not cause for concern.

If your physician has prescribed an antibiotic, fill the prescription promptly and take all of the medicine as directed until the entire supply is gone.

Because a nerve for taste passes through the ear, it is not unusual for taste sensation to be altered slightly for several weeks or months following the operation. You may notice a "tinny" or "metallic" taste in your mouth for up to several months that will usually go away spontaneously.

During the week following your procedure, some blood-tinged drainage from your middle ear may travel down your Eustachian tube and enter the back of your throat, especially during sleep. You may expectorate some blood-tinged mucous in the morning while brushing your teeth. This is common and will resolve spontaneously.

Please do not insert your hearing aid into your ear canal of the operated ear until approved by your surgeon.

Please call your physician if any of the following should occur:

- 1. Persistent bleeding.**
- 2. Persistent fever.**
- 3. Persistent pain.**
- 4. Purulent drainage (pus).**
- 5. Persistent dizziness or vertigo, especially if accompanied by a constant, loud buzzing or ringing in your ear.**
- 6. Significant hearing loss or sudden deafness.**

MRI Precautions:

Please ask your surgeon if any of the middle ear bones (ossicles) were replaced with a metal part. This may be important to know if you ever need to have a magnetic resonance imaging scan (MRI) in the future. If your surgeon told you that a titanium implant was used, it is safe to have an MRI**.

****[All middle ear implants made from 300 series, non-ferrous stainless steel are MRI safe up to 9.4 Tesla magnetic strength. Between 1987 and 1989, the McGee stapes prosthesis was inadvertently made from 400 series, ferrous stainless steel. Any patient who had a stapedectomy between 1987 and 1989 should not have an MRI scan.]**

Maxum™ Hearing Implant: If you have had a Maxum™ Hearing Implant, you should not have any type of magnetic resonance imaging (MRI) study. The Maxum™ Hearing Implant is not MRI compatible. However, it is safe to have any type of CT imaging, nuclear radiology imaging, or PET scanning.

It is very important for you to return for your scheduled appointments. It is essential to have periodic hearing evaluations to assist your doctor in evaluating the results of your operation. If a postoperative appointment has not been scheduled for you, please contact our office at 336-273-9932 to arrange your appointment.

If you have any questions or concerns, please contact our office at 336-273-9932.

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