

Tympanoplasty and Middle Ear Surgery

Instructions:

1. You will be sent home with either a plastic ear protector or a cotton ball in your ear. Both of these are to collect drainage that commonly occurs the first few days after surgery. You may replace the gauze or cotton ball as needed if they become soaked. You may also stop wearing both once the drainage stops.
2. Inside the ear canal you will notice something that looks like a sponge. Please do not try to remove this. It will be removed in clinic during your postoperative visit. If it falls out before then, do not try to replace it, and there is no need to notify Dr. Leatherman. If ear drops are prescribed, let the drops fall onto the sponge. Whatever does not soak into the sponge can run off when you sit up.
3. Do not blow your nose until Dr. Leatherman indicates that it is okay. If you feel like you need to clear your nose, you may sniff secretions into the back of the throat and swallow. Over-the-counter saline (salt water) nose sprays may help this if you desire.
4. Do not “pop” your ears by holding your nose and blowing air through your nose. This may push air into the middle ear space and disrupt the repairs. Also, if it is necessary to sneeze, do so with your mouth open for the same reason.
5. Try to avoid letting water to enter the ear until advised by Dr. Leatherman. When showering or washing your hair, cotton may be placed in the outer ear opening and covered with Vaseline. You can also try holding a Styrofoam cup over the ear while washing your hair.
6. It is common to experience pulsation, popping, clicking, and other sounds in the ear. You may also have a feeling of fullness in the ear. Occasional sharp shooting pains are not unusual. At times it may feel as if there is liquid in the ear.

Dizziness:

Minor degrees of dizziness may be present on head motion and need not concern you unless this should increase. Unsteadiness is common following ear surgery, but this should gradually decrease during the first month.

Hearing:

Rarely is a hearing improvement noted immediately following surgery. It may even be worse temporarily due to swelling of the ear tissues and packing in the ear canal. Six to eight weeks after surgery an improvement may be noted. Maximum improvement may require four to six months.

Discharge:

A bloody or watery discharge may occur during the healing period. As mentioned above, you may change gauze or cotton dressings as needed until the drainage stops.

A yellow [infected] discharge at anytime is an indication to call your doctor. Any discharge from the incision after five (5) days should be reported to your doctor.



Bryan D. Leatherman, M.D.
Coastal Ear, Nose and Throat
Coastal Sinus and Allergy Center
9000 Lorraine Road
Gulfport, MS 39503



Pain:

You will have moderate postoperative pain and you will be given a prescription for pain medication prior to discharge. For lesser pain, you may use over-the-counter acetaminophen (Tylenol) instead of the prescription medicine (not both, as you may overdose on acetaminophen). Mild intermittent ear pain is not unusual during the first two (2) weeks. Pain above or in the front of the ear is common when chewing.

Temperature:

Should a temperature of over 102° be noted on two consecutive readings, call your doctor.

Your first postoperative appointment is scheduled for _____ at _____ in Dr. Leatherman's Clinic

For Questions or Emergency Care: Call the office at 864-2121



Bryan D. Leatherman, M.D.
Coastal Ear, Nose and Throat
Coastal Sinus and Allergy Center
9000 Lorraine Road
Gulfport, MS 39503

