THE NEW YORK OTOLARYNGOLOGY GROUP, P.C.



The Ear, Nose and Throat Specialists NYOGMD.com

Neil Sperling, M.D Otology/Neuro-Otology Diseases of the Ear Facial Nerve Balance Disorders

What to expect when you have Ear Surgery

Before Surgery

- It will be very important to thoroughly review your medical history with your doctor.
- Disclose all medical conditions you have.
- We require you to have a 'clearance' from your primary care physician prior to any surgery.
- Review all medications that you currently or recently have taken.
 - Include all herbal and dietary supplements, vitamins and recreational drugs
- Some medications cannot be taken for 14 days prior to the time of surgery, since they may encourage bleeding
 - Aspirin and aspirin-containing products, including pepto bismol
 - Anti-inflammatory medications (such as advil, motrin, ibuprofen or naproxen)
 - Arthritis medications
 - Blood thinners such as Coumadin, Warfarin or Plavix
 - Dietary supplements containing Ginkgo Biloba
- Report all previous allergic reactions
- You will be instructed to stop eating and drinking at midnight the night before surgery.
 - of If you usually take morning medications, discuss this with your doctor. Some medications should be taken with a sip of water on the morning of surgery.
- Plan on having a family member or close friend available to accompany you to surgery. It is helpful to introduce this person to your surgeon should important information be needed to be communicated before during or after your surgery.

After Ear Surgery

- During the first few days after surgery you may have: pain, swelling, bruising and itching around the wound. Some people will also experience a sore throat, and/or muscle aches. If anything seems unusual or severe, please do not hesitate to contact your surgeon.
- Ear surgery is generally not very painful. There can be mild to moderate pain for the first few days. Pain-relieving medication will be provided to you and can be used for significant pain. Extra-strength Tylenol may be used for milder pain.
- Some patients will have a bandage over the ear. This is a Velcro strap with a cup over the ear. You may remove this bandage on the day after surgery and leave it off during daytime hours. It is recommended that it be replaced for sleep during the first week. Fresh gauze bandages may need to be replaced if the bandage is soiled with discharge or blood.
- You can change the cotton ball in the ear as needed.
- Use ear drops as prescribed. Resume your regular medications. Try to avoid the medications listed above that can cause bleeding (check with your doctor about resuming blood thinners such as Coumadin or Plavix).
- Call the office at 212-889-8575 to schedule an appointment for 7 days after surgery.

THE NEW YORK OTOLARYNGOLOGY GROUP, P.C.



The Ear, Nose and Throat Specialists NYOGMD.com

Neil Sperling, M.D Otology/Neuro-Otology Diseases of the Ear Facial Nerve Balance Disorders

• Here's what to expect:

- <u>Bleeding</u>: a small amount of bleeding is expected for the first 48 hours after surgery.
 Sometimes it will take additional days for the discharging ear to dry. A cotton ball in the ear can be changed as needed. Be careful to keep the deeper packing in the ear.
 If the ear bleeds heavily call your surgeon.
- Taste changes: it is common to perceive a change in taste on the side of the tongue closest to the operated ear. This may be a metallic or numb feeling. It is expected to slowly improve. There are no food restrictions.
- Vertigo and Nausea: Mild dizziness and nausea is not uncommon in the first 24-48 hours after ear surgery. Anti-nausea medications can be used. Narcotic-containing pain relievers may cause or aggravate post-operative nausea. If nausea/vomiting persist or are severe, contact your surgeon.
- Hearing Loss: You are not expected to have hearing improvement immediately following surgery. Due to packing and swelling, it may appear that your hearing has worsened. It may take several weeks to regain your hearing.
- <u>Tinnitus</u>: Ringing or buzzing in the ear may occur after surgery. It generally improves over time. Report this to you surgeon if it occurs.

Here's what you can and cannot do after ear surgery:

- O Getting the hair wet/showers: It is important to keep the ear and wounds dry for the 1st week after surgery. You may prefer to take a bath and wash the side opposite the operated ear. Use a cotton plug covered by Vaseline® petroleum jelly in the operated ear when washing to keep the water out.
- Heavy Lifting: You should not do any heavy lifting or exercise for 1 week after surgery.
- Flying: It is generally recommended not to fly for 1 month after ear surgery although this sometimes varies. This will depend on the surgery that was performed. Your surgeon will tell you when it is safe to fly.
- Nose blowing: Do not blow your nose if possible for the 1st week after surgery. If you must, be gentle. Sneeze with your mouth open to avoid transmitting high pressure to the ear.
- Swimming and Scuba Diving: swimming is not advised for the 1st month after surgery. Your surgeon will inform you when it is again safe to swim without an ear plug. In some cases, ear plugs will be recommended for an extended period of time. Scuba diving can subject your ear to dangerous pressures. It may not be advisable to scuba dive at any time after ear surgery (in particular with Stapes surgery). If you are a scuba diver or plan this activity in the future, discuss this with your doctor, prior to surgery.
- Cotton swabs should never be used in the ears.



THE NEW YORK OTOLARYNGOLOGY GROUP, P.C.

The Ear, Nose and Throat Specialists NYOGMD.com

Neil Sperling, M.D Otology/Neuro-Otology Diseases of the Ear Facial Nerve Balance Disorders

- If any symptom appears to be usual or pronounced, do not hesitate to call your surgeon.
- Your surgeon, or one of his/her associates, is available during the day and off hours by calling 212-889-8575. In case of emergency and you are unable to reach your surgeon, please proceed to the nearest hospital.