

# SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

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## INSTRUCTIONS AND INFORMATION FOR EAR SURGERY

**PLEASE, DO NOT TAKE MOTRIN, IBUPROFEN, ASPIRIN, ADVIL, NUPRIN, OR OTHER NON-TYLENOL CONTAINING MEDICATION FOR TWO WEEKS BEFORE OR AFTER SURGERY WITHOUT CHECKING WITH OUR OFFICE. IT INCREASES THE RISK OF BLEEDING!**

### Reasons for and goals of ear surgery

- Chronic or recurrent ear infections / drainage.
- **Cholesteatoma** - a growth of skin from the ear drum into the middle ear space. If left untreated, this can decrease / destroy hearing, cause dizziness, produce infection, or allow skin growth into the mastoid bone behind the ear and elsewhere.
- **Perforation** - to repair a hole in the ear drum.
- Improvement of hearing loss.

Ear surgery may include several different procedures based upon your specific needs:

- **Tympanoplasty** - patching of the ear drum with tissue obtained from near the ear. The surgery may be performed either through the ear canal or through an incision in the crease behind the ear (depending on the size of the perforation).
- **Ossicular reconstruction** - repair / replacement of the small middle ear bones to improve hearing. Either the patient's bone / cartilage or artificial bones may be used.
- **Mastoidectomy** - removal / drilling away of the mastoid bone behind the ear. This is done to treat infection, cholesteatoma, and other disease that has spread into the mastoid bone. This additional procedure generally does not change the appearance of the ear.

Usually an accurate diagnosis of ear problems may be made before surgery. However, additional information is learned once the middle ear is examined directly (in surgery) and needs of treatment may be modified. For this reason, it may be necessary to include those procedures described above.

### Ear surgery is usually done as same day surgery

- Patients normally come into the hospital, have surgery, and go home the same day.
- Usually done under general anesthesia (asleep).
- All paperwork is processed in advance of the surgery day through our office and the hospital / outpatient surgery center.

### General Information

- Our office will normally telephone you to schedule your surgical date.
- **Preoperative visit** - an appointment at which you will have a physical examination, treatment plans will be discussed, questions answered, and you will receive your paperwork for same day surgery.
- **Audiogram** - an audiogram (hearing test) is performed before surgery
- **Hospital surgery center visit** - process paperwork and any lab tests, x-rays, and such before surgery. Discuss anesthesia plans with anesthesiologist.
- **Day of surgery** - patients arrive at the scheduled time and usually leave a few hours after surgery. Please arrange for someone to drive you and to stay with you the night after surgery.
- **Postoperative visits** - these are done to remove sutures, remove packing from the ear, for hearing tests, and as otherwise necessary.

### Information about surgery

- Usually performed either through the ear canal or by an incision behind the ear. This incision is usually well - concealed behind the ear.

- Surgery usually lasts 2 to 5 hours, depending on its complexity.
- **Pain** - generally mild and well-controlled with medication.
- **Nausea** - may occur from the anesthesia.
- **Dizziness and unsteadiness** – (usually mild) may occur temporarily after surgery.
- **Packing** – (dissolvable) is normally used. A small amount of brownish fluid may leak from the ear canal along with an occasional small piece of sponge-like packing.
- The main purpose of surgery is to remove disease from the ear and to avoid its recurrence. For this reason, our goals are (from most important to least important):
  1. Removal of cholesteatoma or other disease
  2. Repair of ear drum perforation
  3. Improvement of hearing

### Hearing

- Is decreased for 4 - 8 weeks after surgery due to packing in the ear. There is usually a stuffy / full feeling in the ear as well.
- The amount of disease in the ear may require enough surgery that hearing will be *worse* after surgery. Some *mastoidectomy* operations involve removing the back wall of the ear ("canal wall-down" mastoidectomy); these normally cause decreased hearing after surgery.
- Sometimes a second surgery is necessary to repair the bones of the middle ear and to improve hearing or to reexamine the ear to be sure no cholesteatoma has returned.

### Risks of surgery

Ear surgery is generally well-tolerated, not very uncomfortable, and allows a relatively early return to normal school and work activity. However, even the most minor surgery can even carry the possibility of infection, bleeding, reaction to anesthesia or medications, and even death. Some of these possible risks include:

- Injury to the hearing mechanism or hearing loss.
- Injury to the balance mechanism or dizziness.
- Injury to blood vessels in the area of the ear, head, and neck.
- Injury to the *facial nerve* which supplies muscles of the face or to the *chorda tympani nerve* which supplies some taste sensation.
- Injury to the brain and other nerve structures.
- Need for further surgery or treatment, including hearing aid device.

### Postoperative instructions

- Showering is OK 24 hours after surgery
- Use a cotton ball saturated with Vaseline® type ointment when showering
- Apply antibiotic ointment to skin incisions 4 times daily for 10 days. The incision may be cleaned with a Q-Tip and peroxide
- Approximately 4 weeks are required for healing of the ear drum. During this time:
  - Sneeze with mouth open
  - Do not blow your nose
  - Avoid strenuous activity, gym class, etc.
- Contact the office if a cold or sinus infection develops; antibiotics may be prescribed

Thank you again for the opportunity to participate in your health care! Please let us know how we may make your surgical experience more pleasant.

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