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MIDDLE FOSSA CRANIOTOMY PATIENTS

POSTOPERATIVE INSTRUCTIONS

1. No heavy lifting or strenuous activity for 4 weeks. No contact sports for 4 weeks.
2. Keep your head elevated on 1-2 pillows when lying down for 4 weeks following surgery.
3. Remove the entire ear bandage 5 days after surgery (unless it has already been removed during your hospital stay). You should see the incision and the sutures. Oozing is normal and will decrease with time.
4. Showering and bathing is allowed when you return home. You may wash your hair **AFTER** the ear bandage is removed.
5. Clean the incision with half-strength hydrogen peroxide (1/2 water, 1/2 hydrogen peroxide) to remove any old blood clots or crusting on the wound with Q-tips. **DO NOT** replace the bandage, leave the incision open to air. If there is any oozing, you may use a small sterile adhesive bandage temporarily.
6. Apply Vaseline to the incision after cleansing with hydrogen peroxide. Do not use Neosporin or Bacitracin as a growing number of patients are developing allergies to these ointments. The sutures are dissolvable and will fall out on their own. The skin may look red and swollen around the sutures – this is the normal appearance after surgery and will improve with time. The sutures will be removed 7 days after your surgery in Dr. Lee's office.
7. You will be given an antibiotic to take following surgery. Please finish the medication as prescribed; do not stop early even if you feel well. If you think that you are developing an allergic reaction to the antibiotic, a yeast infection, excessive diarrhea or loose stools, or have severe abdominal cramping, please call your doctor's office. Contact us as soon as possible for any high fevers, severe headaches, or unusual neck stiffness.
8. The first clinic visit is one week following surgery for suture removal - call **617-573-3130** to confirm this appointment with Dr. Lee.

What might you expect with following middle fossa craniotomy surgery?

Pain

You will be given a pain medication to be taken for the first several days after surgery. Pain is not unusual during the first two to four weeks after surgery and will slowly improve in most cases.

Pain above or in front of the ear is common when chewing and is temporary. As one of your major chewing muscles (temporalis muscle) is stretched during surgery it will take time to heal. Avoid chewy or hard foods for about 4 weeks after surgery until the discomfort begins to improve.

Ear numbness

Your ear may feel numb - this is temporary and will improve over several weeks or months. If the ear is numb exercise caution when using a hair dryer on a hot setting to avoid injury to the skin until sensation returns.

Ear fullness or popping

You may experience fullness of the ear or hear popping, crackling, or other sounds in the ear. This is usually temporary and is often due to the blood, fluid and dissolvable packing in the ear canal and middle ear (behind the eardrum).

Dizziness

Dizziness may occur following surgery. Avoid sudden movements; stand up slowly. Dizziness is usually temporary and will improve with time. Gradually increase your activity levels as your dizziness improves. **Do not** take Meclizine/Antivert or other similar medications that will delay your recovery from dizziness unless instructed by Dr. Lee.

Swelling

Swelling is expected following surgery. The swelling can occur behind the ear, in the region of the scalp where the hair was shaved, in front of the ear, around the eye, or around the mouth. Some bruising may also occur.

The ear may appear to stick out or appear to be higher or lower than the other ear. **This is normal** and will gradually improve over the weeks following surgery.

However, if a golf ball sized swelling develops, please contact us as soon as possible.

Drainage or discharge

A bloody or watery discharge is expected during the healing process. Call your doctor's office for a yellow or green discharge. Discharge with foul odor should also be reported.

Some patients notice a nosebleed or spit up blood - this is common and results from the blood that accumulates in the mastoid or middle ear during surgery, and drains into the back of the nose. **This is not cause for concern.**

What might you expect with following middle fossa craniotomy surgery?

Meningitis

This is a rare condition that can follow middle fossa craniotomy surgery. If you are experiencing high fevers, light sensitivity (photophobia), severe headache or neck stiffness go to your nearest emergency room ASAP.

CSF leak

This can occur when the fluid around the brain (CSF) leaks around the surgical site, enters the mastoid and middle ear and drains down the back of your throat. If you have a CSF leak you will have a clear, salty fluid dripping out of your nose or in the back of your throat that may be worsened with heavy lifting or straining. If this leak does not stop please call Dr. Lee's office.

Tinnitus

You may experience "ringing" or "buzzing" in the ear following surgery. This is common and will usually improve after activation. If tinnitus was present before surgery, it may become louder until activation.

OTHER FINDINGS

You may have some slight bruising around the eye or corner of the mouth - this occasionally occurs because of the facial nerve monitor electrodes and is temporary.

Call Dr. Lee's office for any unusually high fevers, neck stiffness, shortness of breath, leg pain, unusual swelling at the surgical site, or increasing pain.

In case of emergency, call the Massachusetts Eye and Ear Infirmary at 617-523-7900 and ask for the Otolaryngologist on call.