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PEDIATRIC COCHLEAR IMPLANT PATIENTS: POSTOPERATIVE INSTRUCTIONS

1. No heavy lifting, strenuous activity, contact sports, or gym class for 4 weeks after surgery.
2. Keep your child's head elevated on 1-2 pillows when lying down for 1 week following surgery. For infants, place an extra blanket under the head to keep it elevated, if possible.
3. Remove the entire ear bandage 48 hours after surgery. You should see the incision and the sutures. Oozing is normal. The younger child or infant may take it upon him/herself to remove the dressing earlier. Attempt to reapply the dressing but do not force the issue – if it has been on for at least 24 hours this is sufficient.
4. Showering and bathing is allowed **AFTER** the ear bandage is removed (48 hours after the operation).
5. **AFTER** the bandages are removed, 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 your child's 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. There may be oozing and drainage from the incision – this is normal after surgery.
7. Your child will be given an antibiotic to take following surgery. Please have your child finish the medication as prescribed; do not stop early even if the child feels well. If you think that your child may be 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 for infants and children is **1 to 2 weeks** after cochlear implant surgery - call **617-573-3130** to confirm this appointment with Dr. Lee.
9. The cochlear implant will be turned on **2-3 weeks** after surgery – confirm your child's appointment with **Audiology** at **617-573-3266**.

What might you expect with your child following his or her cochlear implant surgery?

Pain

Soreness and pain are not unusual and will gradually diminish with time. Infants should be given pediatric-dosed Tylenol (over the counter) every six hours or so for the first 2 days following surgery. Older children will be given a pain medication to be taken for the first several days after surgery. Mild, intermittent ear pain is not unusual during the first two weeks after surgery.

Pain above or in front of the ear is common when chewing and is temporary.

Swelling

Swelling is expected following surgery. The swelling can occur behind the ear, 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 over the implant, please contact us as soon as possible.

Ear numbness

Your child may complain of ear numbness - this is temporary and will improve over several weeks or months. Be careful when using a hair dryer on a hot setting to avoid injury to the skin until sensation returns.

Popping or ringing of the ear

Your child may experience ringing, popping, crackling, or other sounds in the ear. This is caused by nerve stimulation or fluid in the ear from surgery and usually improves with time. Your child may feel as if the ear feels clogged or filled with fluid. **This is entirely expected after surgery.**

Dizziness

Dizziness may occur following surgery. Have your child avoid sudden movements; stand up slowly. Dizziness is usually temporary and will improve with time. Gradually increase your child's activity levels.

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 middle ear during surgery, and drains into the back of the nose. **This is not cause for concern.**

What might you expect with your child following his or her cochlear implant surgery?

Taste disturbance and dry mouth

This is common after cochlear implant surgery and results from irritation of the taste nerve (chorda tympani nerve) during the surgical approach to safely protect the facial nerve and expose the cochlea. This is a temporary sensation for the majority of patients. In some patients, this can last a few months or more.

Meningitis following surgery

This is a rare condition that can follow cochlear implant surgery. If your child is experiencing high fevers, light sensitivity (photophobia), neck stiffness, a severe headache, or appears confused go to your nearest emergency room ASAP.

ALL COCHLEAR IMPLANT PATIENTS must receive a **pneumococcal** vaccine - please refer to the **Centers for Disease Control** website:

<http://www.cdc.gov/vaccines/vpd-vac/mening/cochlear/dis-cochlear-gen.htm>

If you have not yet done so, fax a copy of your pediatrician's medical record to our office verifying that your child received a **pneumococcal vaccine (FAX: 617-573-3914)**.

Tinnitus

Your child may complain of "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

Your child may have some discomfort with chewing - this is common and is temporary.

Your child 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.

Your child may have a sore throat or hoarse voice and this occasionally occurs because of the breathing tube (endotracheal tube) that is used if your child received general anesthesia. This will usually improve over time.

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.

