

DANIEL J. LEE, M.D., F.A.C.S.

Director

Wilson Auditory Brainstem Implant Program

Assistant Professor

Department of Otolaryngology



Otology, Neurotology and Skull Base Surgery
Department of Otolaryngology
Massachusetts Eye & Ear Infirmary
243 Charles Street, Boston, MA 02114
Voice: 617.573.3130
Facsimile: 617.573.3914

INSTRUCTIONS FOR ADULT PATIENTS AFTER SURGICAL REMOVAL OF EAR LESION OR CANCER AND SKIN FLAP RECONSTRUCTION

1. **ACTIVITY:** No strenuous activity, contact sports, and gym for 3-4 weeks after surgery.
2. **POSITION WHILE SLEEPING:** Keep your head elevated on at least one pillow (if possible) when lying down for 1 week after surgery.
3. **WOUND CARE:** Remove the entire ear bandage 2 days after surgery until you see the entire outer ear and the skin incision. The sutures will dissolve on their own. Drainage from the ear canal and ear incision is normal and will decrease with time.
 - a. Use 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 use a bandage; leave the incision open to air. If there is any oozing, you may use a small sterile adhesive bandage temporarily.
 - b. 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.
 - c. There will be a YELLOW bandage plugging the ear canal opening – leave this undisturbed and keep moist with ear drops. If it is falling out push it gently back in, otherwise if it falls out completely then begin using drops to the ear canal itself.
4. **BATHING / HAIRWASHING:** You may bathe or shower and wash your hair **AFTER** the ear bandage is removed (two days after surgery).
5. **MEDICATIONS:**
 - a. **Pain medications:** You will be given a pain medication to be taken for the first several days after surgery and then as needed.
 - b. **Antibiotics:** Please finish the antibiotics and do not stop early even you feel well. If you are developing an allergic reaction to the antibiotic, a yeast infection, excessive diarrhea or loose stools, or severe abdominal cramping, please stop the antibiotic and call your doctor's office.
 - c. **Ear drops** Begin using ear drops twice a day to the operated ear(s) AFTER the ear bandage is removed two days from your surgery.

6. **FLYING:** You may fly two weeks after surgery unless you have a cold or severe nasal congestion.
7. **RETURN TO WORK:** You may return to work in one week after surgery, or within 3-4 days if feeling well, with no pain or dizziness.
8. **FOLLOWUP VISITS**
 - a. **With Dr. Lee:** within 2 weeks following surgery – call **617-573-3130** to confirm this appointment. **If you have a drain** (Dr. Lee will let you know of this after surgery) then you will need to followup within 2-3 days after surgery for drain removal.

What might you expect following surgery for a pre-auricular sinus or branchial cleft cyst?

Pain: You 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 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. If you are experiencing this, avoid chewy or hard foods for about 4 weeks after surgery until the discomfort begins to improve.

Swelling: Swelling is expected following surgery. Generalized 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, please contact us as soon as possible.

Ear numbness: Often patients will have ear numbness - this is expected, 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.

Popping of the ear: You may experience popping, crackling, or other sounds in the ear. This is caused by fluid and blood in the ear from surgery and usually improves with time. **This is entirely expected after surgery.**

Ear blockage / ear fullness: You may feel as if the ear feels clogged or filled with fluid. The ear is filled with fluid and blood from surgery so **this is entirely expected after surgery.**

Ringling (tinnitus), hearing loss, or increased hearing sensitivity: Patients may notice ringing of the ear after surgery – this can be high-pitched, low-pitched, constant or intermittent – and is often temporary or decreases with time.

Dizziness: Dizziness may occur following surgery. Stand up slowly and avoid sudden movements and excessive physical activity. Dizziness is usually temporary and will improve with time. Gradually increase your activity levels as your dizziness improves.

Drainage or discharge: A modest amount of bloody or watery discharge **is expected** during

the healing process. Call your doctor's office for a yellow or green discharge with a foul odor.

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 that are sometimes used during ear surgery and is temporary.

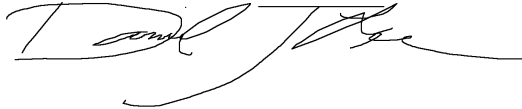
You may have a sore throat or hoarse voice and this occasionally occurs because of the breathing tube (endotracheal tube) that is used during general anesthesia. This will usually improve over time.

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 (Ear, Nose and Throat surgeon) on call.

All the best for a speedy recovery! We look forward to seeing you for the first visit after surgery.

Regards,

A handwritten signature in black ink, appearing to read 'Daniel J Lee', with a long horizontal flourish extending to the right.

Daniel J Lee MD FACS