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INSTRUCTIONS FOR ADULT PATIENTS AFTER MASTOIDECTOMY OBLITERATION WITH ABDOMINAL FAT GRAFT SURGERY

1. **ACTIVITY:** No nose blowing, strenuous activity, contact sports, or going to the gym for 3-4 weeks after surgery.
2. **POSITION WHILE SLEEPING:** Keep your 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 behind the ear (if one was made). The sutures will dissolve on their own. Oozing 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 and ear canal (now closed) 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. **Abdominal fat graft site:** Remove the abdominal clear bandage about 7 days after surgery. If the small thin white strips begin to peel off remove them if they are easy to remove. Clean the area and place a dry bandage as needed. The sutures are dissolvable underneath the strips.
4. **BATHING / HAIRWASHING:** You may bathe or shower and wash your hair **AFTER** the ear bandage is removed (two days after surgery).
 - a. **THE EAR MUST BE KEPT DRY** when exposed to water: use a cotton ball and Vaseline – if there is excessive drainage from the ear you may leave a cotton ball with Vaseline in the ear. No swimming for at least one month after surgery.
5. **MEDICATIONS:**
 - a. **Pain medications:** Take your pain medication regularly for the 1-2 days after surgery as prescribed and then as needed.
 - b. **Antibiotics:** Please finish the antibiotics and do not stop early even if you feel well. If develop 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.

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, and do not have a job that requires heavy lifting.
8. **FOLLOWUP VISIT:** is 1-2 weeks following surgery – call **617-573-3130** to confirm this appointment with Dr. Lee.

What might you expect following mastoid obliteration and abdominal fat graft surgery?

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 experience this, avoid chewy or hard foods for about 4 weeks after surgery until the discomfort begins to improve.

Pain around the abdomen is also expected where the fat graft was taken and will improve with time. Increasing pain, swelling, bruising or foul smelling drainage should be communicated immediately to Dr. Lee's office.

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, please contact us as soon as possible.

Ear numbness: You may experience ear numbness - 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.

Popping of the ear: You may notice popping, crackling, or other sounds in the ear. This is caused by fluid and packing 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 packing and blood from surgery so **this is entirely expected after surgery.**

Ringling (tinnitus), hearing loss: Patients may notice ringling 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 the dizziness improves.

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 with a foul odor. **Continue to apply ear drops twice a day as prescribed for at least 1 month following surgery** – Dr. Lee will determine if you need additional ear drops after 1 month.

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.**

Taste disturbance and dry mouth: This is common after ear surgery and results from irritation of the taste nerve (chorda tympani nerve) during the surgical approach to safely protect the facial nerve, expose the middle ear, remove disease (like cholesteatoma) and reconstruct the ossicles. This is a temporary sensation for the majority of patients. In some patients, this can last a few months or more.

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 if you 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 (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. For additional information please go to my website www.otosurgery.org.

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