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INSTRUCTIONS FOR ADULT MIDDLE FOSSA CRANIOTOMY PATIENTS

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 5 days after surgery until you see the entire outer ear and the skin incision behind and above the ear. The sutures will be removed in Dr. Lee's office 7 to 10 days following surgery. 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 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. **Skin graft:** IF you had a skin graft taken from the upper arm, you will notice a clear bandage wrapped with gauze. Remove the arm gauze two days after surgery and then remove the clear bandage in the shower or bath 4-5 days after surgery. Clean the wound, and then apply a new dry bandage.
4. **BATHING / HAIRWASHING:** You may bathe or shower and wash your hair **AFTER** the ear bandage is removed (about five days after surgery).
 - a. IF you had tympanoplasty / mastoidectomy surgery with your craniotomy, the ear must be kept dry when exposed to water: use a cotton ball and Vaseline for the ear canal – 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.
 - c. **Ear drops:** (For tympanoplasty / mastoidectomy patients only) - Begin using the ear drops twice a day to the operated ear(s) AFTER the ear bandage is removed.

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 2-4 weeks after surgery if you are 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 middle fossa craniotomy surgery?

Pain: You will be given a pain medication to be taken for the first several days after surgery. Mild, intermittent ear pain or headaches are 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.

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 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 often filled with fluid 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. You may feel that the hearing is worse and this is due to fluid and blood from surgery – this improves over 1-2 months after surgery. Some patients experience loud sound sensitivity in the operated ear and this is usually temporary.

Dizziness: Dizziness may occur following surgery and is expected after superior canal dehiscence 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. Vestibular (balance) physical therapy will be recommended if your dizziness does not improve or is severe.

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 that is often unavoidable. This is a temporary sensation for the majority of patients. In some patients, this can last a few months or more.

Meningitis

This is a rare condition that can follow middle fossa craniotomy surgery. If you are experiencing confusion, high fevers, light sensitivity (photophobia), 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.

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.**

OTHER FINDINGS

If you had a **canal wall down** Mastoidectomy with your craniotomy, you will notice that the opening to the ear cavity is larger and is filled with a gauze and cotton packing – leave this undisturbed, continue the ear drops to keep the packing moist and Dr. Lee will remove it when you see him for your first postop visit.

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,



Daniel J Lee MD FACS