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**INSTRUCTIONS FOR PEDIATRIC TYMPANOPLASTY / MASTOIDECTOMY PATIENTS**

1. **ACTIVITY:** No nose blowing, strenuous activity, contact sports, or gym class for 3-4 weeks after surgery.
2. **POSITION WHILE SLEEPING:** Keep your child's head elevated on at least one pillow (if possible) when lying down for 1 week after surgery.
3. **WOUND CARE:** Help your child 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 (if your child has one) is normal and will decrease with time.
  - a. If your child has an incision behind your ear, 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 your child 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 your child, and wash his or her 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:** 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.
  - b. **Antibiotics:** Please have your child finish the antibiotics and do not stop early even if the child feels well. If your child is 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 the ear drops for your child twice a day to the operated ear(s) AFTER the ear bandage is removed.

6. **FLYING:** Your child may fly two weeks after surgery unless he or she has a cold or severe nasal congestion.
7. **RETURN TO SCHOOL:** Your child may return to school in one week after surgery, or within 3-4 days if he or she is feeling well, with no pain or dizziness.
8. **FOLLOWUP VISIT:** is 1-2 weeks following surgery – call **617-573-3130** to confirm this appointment with Dr. Lee.

### **What might your child expect following tympanoplasty / mastoidectomy surgery?**

**Pain:** Your child 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. Patients who have had a **canal wall down** mastoidectomy may have more pain that may take longer to improve. Pain above or in front of the ear is common when chewing and is temporary. If your child is 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. 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:** Your child may complain of 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:** Your child may experience 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:** Your child may feel as if the ear feels clogged or filled with fluid. The ear is filled with dissolvable packing 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. Your child may feel that the hearing is worse and this is due to the dissolvable packing 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. Have your child stand up slowly and avoid sudden movements and excessive physical activity. Dizziness is usually temporary and will improve with time. Gradually increase your child's 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 your child needs 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**

If your child had a **canal wall down** mastoidectomy, 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.

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 that are sometimes used during ear surgery and is temporary.

You 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 (Ear, Nose and Throat surgeon) on call.**

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

For more information please go to my website at [www.otosurgery.org](http://www.otosurgery.org).

Regards,



Daniel J Lee MD FACS