

Mastoidectomy and Ear Drum Reconstruction

For all enquiries:

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ENT North

General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disorientated for the first hour or so. Nausea +/- vomiting is quite common after this kind of ear surgery. Medication can be given to reduce this.
- You will usually have a large bandage around your head when you wake up from your operation. This is usually removed the next morning, leaving some paper strips to cover any cuts behind the ear. Leave these in place until your post-operative appointment.
- You will notice some 'drippiness' from your ear canal in the first few weeks. This is commonly mixed with some blood. A small piece of cotton wool can be put in the bowl of the ear to catch the drips. Change this for a fresh piece when this gets dirty.
- There are no restrictions in what you can and can't eat after this operation.

Pain Relief/Antibiotics

Your surgeon will provide a script for pain relief, or instructions on what to buy from the chemist. Typical types of pain relief include:

- Paracetamol (Panadol, Chemist's Own etc): use this as needed, as your 'first line' pain relief. Make sure you use the dose appropriate for your/your child's weight, rather than purely based on age.
- Stronger pain relief: e.g. codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g. PainStop, Panadeine Forte). If using a combination medication, make sure you use it IN PLACE of paracetamol, rather than as well as this, to avoid overdosing.
- Anti-inflammatory medication (e.g. Nurofen): these are quite safe to take after ear surgery. Talk to your doctor or nurse if other operations have been done at the same time.

If your surgeon prescribes antibiotics for you, take them as directed. You may be given some antibiotic drops to use in the ear. Check with your surgeon when they would like you to start these.

Activities

- Take the remainder of the day off once you get home from your operation. Sometimes the 'hangover' of the anaesthetic can last through the next day, so anticipate having this off. Many people feel well enough to get back to regular activities the next day.
- Be careful with driving if you still feel groggy from the anaesthetic.
- Avoid strenuous exercise (team sports, jogging, heavy weights etc) for two - three weeks after the operation, and be sensible when you recommence these.
- Children generally are quite sensible about increasing their activity as they recover from their operation, so be guided by their behaviour in terms of what they can do.
- DO NOT blow your nose until such time that it has been indicated that your ear is healed. DO NOT "pop" your ears by holding your nose and blowing air through the Eustachian tube into the ear. These can damage the new eardrum.
- If it is necessary to sneeze, do so with your mouth open.

Taking Care of Your New Ear Drum

- Allowing water in the ear while the drum is healing increases the risk of infection and the new eardrum dying. DO NOT allow any water to enter the ear until advised by your doctor that the ear is healed. Until then, use a piece of cotton wool completely covered with Vaseline to sit in the 'bowl' of the ear when showering or washing the ear.
- If an incision was made in the skin behind your ear, water should be kept away from this area for 48 hours. It can then get wet and be patted dry.
- It is common for the outer ear to be numb for a few months after the operation if there is a cut behind the ear. Firm but gentle rubbing of the incision and the numb area with your fingers, similar to the pressure you use when applying sunscreen, will help the new nerves grow back without becoming over-sensitive. Begin this 4-5 times a day for five minutes each time (more often is better!) about two weeks after your operation and continue until the feeling is normal again.
- Check with your surgeon about when they are happy for you to fly again if you are planning any travel. We will commonly recommend avoiding air travel if possible for up to three months after your operation.

When to Seek Medical Advice

- A fever of >38degrees.
- Worsening discharge from the ears, or new onset of discharge if there was initially none occurring.
- New fresh bleeding from the ear canal, or from the cut behind the ear.
- Excessive sedation from pain relief tablets.
- Severe pain, nausea with vomiting, or severe dizziness, especially if it persists for more than a day.
- Weakness of your face
- If you need to return to hospital due to post-operative complications, Dr Amott advises that, if possible, both adult and paediatric patients attend Austin Health in Heidelberg. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Operating Theatre, if those services are needed. Most other major metropolitan public hospitals also have emergency ENT services, including Royal Children's Hospital or Sunshine Hospital for paediatric patients specifically. Our other surgeons all have appointments at various public hospitals – please discuss which locations they work at if you do need to present for emergency care.
- DO NOT PRESENT TO A PRIVATE HOSPITAL EMERGENCY DEPARTMENT following discharge for any post-operative concerns or symptoms. Our surgeons do not work at these hospitals apart from their designated operative sessions and are unable to provide safe care for you at those locations outside your surgical admission.

Please call your surgeon for advice if any of the above occur, or if you have any other concerns.

Follow-Up

- Please make an appointment to see your surgeon about one - two weeks after your operation.
- Your surgeon may make this appointment for you after your operation. Please feel free to contact the rooms if the date, time or location is inconvenient, as it is usually possible to change.