

Ear surgery: Care at home

Your child has had a:

- myringoplasty - repair of the eardrum.
- tympanoplasty - repair of the middle ear.
- mastoidectomy - removal of mastoid cells of the temporal bone.
- stapedectomy - replacement of the stapes (a small bone in the middle ear).

What can I expect after surgery?

Rarely is a hearing improvement noted right after surgery. Hearing may even be worse for a while due to swelling of the ear tissues and packing in the ear canal. An improvement may be noted 6 to 8 weeks after surgery. Best results may require 4 to 6 months.

If an incision was made behind the ear, a prickly sensation or numbness may occur and may last up to 3 months.

Your child may have mild ear discomfort off and on during the first two weeks after surgery. Soreness above or in front of the ear is common when chewing.

Slight dizziness or an upset stomach may occur when your child's head moves, because the inner ear is associated with balance.

Your child may have some pulsing, popping, clicking, and other sounds in the ear. Occasional sharp, shooting pains may occur. At times your child may feel fullness in the ear.

How should I care for my child?

A bloody (reddish-brown) or watery drainage may occur during the healing period. Put a small piece of cotton in the ear to absorb this drainage. Change when needed.

If you bottle-feed your child, hold him or her in an upright position. This keeps fluid from collecting behind the eardrum.

Your child should not blow his or her nose until your doctor says the ear is healed. Instead, have your child sniff any drainage back into the throat and then spit. This is very important, especially if your child develops a cold. Sneezes should be done with an open mouth.

Your child should not try to relieve pressure by holding his or her nose and trying to push air through the ears.

Do not allow water to get into your child's ear until the doctor says the ear is healed. Cotton balls coated with petroleum jelly are good for keeping the water out of your child's ears while washing or bathing. If an incision was made behind your child's ear, keep water away from this area for 2 weeks.

Try to prevent colds by:

- encouraging rest and nutrition
- avoiding crowds
- avoiding people who are coughing or sneezing
- washing hands often

If your child does catch a cold, treat it in your usual way. Call the doctor if any ear problems develop.

If your doctor wants you to use ear drops, you will receive them before leaving the surgery center.

If your child must travel by airplane, give liquids to encourage swallowing during altitude changes. School-age children can chew gum to help with this.

Check with the surgeon if you are planning any extended travel.

When should I call the surgeon?

- bleeding from the surgery area
- not urinating at least every 8 hours
- pain not relieved with the medicine that has been ordered
- continued upset stomach or vomiting
- temperature higher than
 - 101° F (38.4° C) rectally
 - 100° F (37.8° C) by mouth
- increased swelling and or redness of the area
- increased pain and soreness around the area

Questions?

This sheet is not specific to your child, but provides general information. If you have any questions, please call the clinic.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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