

What to Expect After Middle Ear or Mastoid Surgery

RM Rosenfeld

After Surgery

When you greet your child in the recovery room, their mood will be unpredictable. Some children sleep peacefully (lucky you!), but others are very unhappy. Crying or agitation relate more to a sense of disorientation, than to active pain or discomfort. Fortunately, most children do not recall the hour or so they spend in the recovery room. When your child is ready, the anesthesiologist will allow them to eat and drink. Children having ambulatory surgery will return to the holding area, and those scheduled for overnight admission will proceed to the pediatric inpatient floor.

Taking Care of the Ear

Prevent water from entering the ear for about 2 months when washing your child's hair by placing cotton in the outer ear opening and coating it with vaseline (swimming is not allowed). *Avoid excessive pressure* in the ear by telling your child not to "pop" their ears or blow their nose forcefully, and to keep the mouth open if they must sneeze. Cotton in the outer ear opening may be changed as needed during the first few days to absorb drainage, but *do not* attempt to clean or remove packing from inside the ear canal. Stitches may be present behind the ear or in the ear canal. *Absorbable stitches* do not require removal, and usually dissolve within 5 to 7 days (keep the stitches dry and do not apply any ointment or cream). *Non-absorbable stitches* are removed in the office within 10 days (you may get them wet or apply ointment after 48 hours).

Dealing with Pain

Mild, intermittent pain may occur during the first 2 weeks, particularly above or in front of the ear when chewing. If the skin around the surgical area is initially sensitive, it may be covered with several fluffed-up gauze pads for cushioning. Over the counter pain medication (e.g., acetaminophen, ibuprofen) should be used, as needed, to reduce pain.

Some Things *Not* to Worry About

A hoarse or abnormal voice may occur for several days from the anesthesia tube. *Numbness* of the skin around the surgical incision is common, and should gradually subside within several days or weeks. *Popping or clicking sounds* may be heard, along with a feeling of *fullness* or *liquid* in the ear; these will resolve gradually as the healing process continues. A mild degree of *dizziness* may be present on head motion, and is not of concern unless it increases. *Hearing* may be temporarily worse after surgery because of swelling of the ear tissues and packing in the ear canal; improvement occurs over several months. *Taste disturbance* and *mouth dryness* may occur for a few weeks.

When to Call Us

Call our office if 1) *discharge from the ear* lasts longer than 7 days, or shows signs of infection (yellow color, foul odor, or high fever), 2) packing or material from inside the ear canal falls out (don't panic), 3) the skin *around* the sutures becomes swollen, red, or very tender (please note that some redness of the incision itself is normal), 4) the stitches break or the incision begins to open up, or 5) your child seems to be getting worse—not better—as the days go by. Your doctor will arrange a post-operative visit to check the healing process and remove sutures (if necessary).

I have received a copy of this information sheet.

Parent or Guardian _____ Relation to child _____

Child's name _____ Date _____