

**Surgery for Otosclerosis
(Middle Ear Exploration/Stapedectomy)**

Postoperative instructions

- After surgery, if you have a head dressing, remove it on the second post operative day. A cotton ball in the ear opening will be found when the dressing is removed. Please remove the cotton plug on the second day after surgery. You may see further packing in your ear canal. Leave this until your post-op visit.
- Do not get water in the operated ear. Use petroleum jelly (Vaseline) coated cotton to plug the ear for bathing until the doctor tells you the ear is ready for water exposure.
- No nose blowing for a minimum of two (2) weeks.
- Open mouth to sneeze for two (2) weeks. Do not stop a sneeze by squeezing your nose.
- No lifting, straining, bending, or stooping for two (2) weeks after surgery (the effort to get out of the recliner may cause the inner ear to leak). When getting out of bed, roll so that you can use your hands to push up rather than stomach muscles to pull up when getting out of a lying-down position.
- Resuming normal activities:
- Some patients are dizzy for a while after surgery. Resume driving and return to work when your dizziness and/or lightheadedness have improved sufficiently and if your job activity fits within lifting restrictions, listed below. Dizziness after surgery usually improves more rapidly the more active you are. Avoid ladders, step stools, and unprotected heights until you can move quickly in any direction without dizziness or lightheadedness. The more quickly you work back into normal routines, the more quickly you will feel better and energy will return.
- Between two (2) and six (6) weeks after surgery, do not lift over 10 pounds (about the weight of a phone book) unless otherwise instructed. From 6 weeks to 3 months postop, limit lifting to less than 30 pounds. Gentle, regular walking is encouraged right away, as dizziness allows. Fast walking or light non-impact cardiovascular exercise may resume at 2 weeks after surgery. Avoid running until 6 weeks postop.
- Avoid airplane flights for 3 weeks post-op. From 3 weeks to 3 months postop, decongest your nose with Afrin nasal spray 30 minutes prior to take off and 30 minutes prior to landing if flying.

Precautions

1. Keep your head elevated with several pillows when lying down for 2 weeks following surgery.
2. Do not blow your nose until your doctor has told you that your ear is healed. Any accumulated secretions in the nose may be drawn back into the throat and spit out if desired. The nose may be gently dabbed with tissue paper. This is particularly important if you catch a cold. You should follow this precaution for 4 weeks following surgery.
3. Do not “pop” your ears by holding your nose and blowing air through the Eustachian tube into the ear.
4. Sneeze with your mouth open.
5. Do not allow water to enter your ear until advised by your doctor. The outer cap may be removed 48 hours after surgery. You may shower 48 hours after the operation. When showering, place a small clean piece of cotton dipped in Vaseline in your outer ear opening to keep water out. If you have packing in your ear, this may be placed directly over the packing. Remove the cotton after showering is complete.
6. Follow-up with Dr. Eisen about 2 weeks after surgery unless directed otherwise. Call the office (860) 493-1950 to set up the time.
7. Avoid bending or heavy lifting (over 20 pounds) for three weeks following surgery.
8. You may experience popping, clicking or other sounds in the ear. Your ear may also feel full. Occasional sharp shooting pains are not unusual. At times, it may feel as if there is liquid in your ear.
9. Driving is permitted when you no longer experience dizziness or fatigue and you are no longer taking pain medication. Avoid flying for 3-4 weeks.

What might you expect following surgery?

Dizziness

Dizziness may occur following surgery. Swelling in the inner ear usually causes this. You may not notice the dizziness until 2-3 days following surgery. This is when the swelling is the greatest. If you are not bleeding, do not have gastric ulcers, and are not allergic to ibuprofen (Motrin, Advil, Nuprin) you may take 2- 200 mg tablets every 4-6 hours. This will help the swelling as well as ease any pain. Avoid sudden movements; stand up slowly.

Hearing

Do not be alarmed if you do not notice improvement in your hearing immediately following surgery. Packing was placed in your ear canal and on the inside of your ear during the operation. The packing in the ear canal will be removed when you see your doctor for your post-operative appointment. The packing on the inside dissolves on its own. If reconstructive surgery was done to improve your hearing, we will test your hearing about 3 months after surgery. Maximum improvement may require 4-6 months.

Drainage or discharge

A bloody or watery discharge is expected during the healing process. Call Dr. Eisen's office for a yellow or green discharge or excessive discharge. Discharge with foul odor should also be reported.

Pain

You will be given a prescription for a pain medication, which may be taken for the first several days after surgery. Mild, intermittent ear pain is not unusual during the first 2 weeks after surgery. Pain above or in front of the ear is common when chewing. If you have persistent ear pain not relieved by a regular dose of Tylenol or Advil after the first several days, call your doctor's office.

Taste disturbance and dry mouth

Taste disturbance and dry mouth are common for a few weeks following surgery. In some patients, this can last a few months.

In case of emergency, call (860) 493-1950