



## Mastoidectomy Perioperative Instructions

### **Introduction**

This information provides instruction on how to prepare you or your child for middle ear and/or mastoid surgery and how to care for yourself or your child following middle ear and/or mastoid surgery. It includes symptoms to monitor, restrictions and guidelines for diet and activity. The following information will help you or your child make a more comfortable and rapid recovery.

### **What information is needed before surgery?**

Prior to surgery, you need to make your surgeon aware of the following information about you, your child or any other family members:

- A history of bleeding problems or bruising easily.
- A history of complications with anesthesia
- Symptoms of upper respiratory infection (cold, runny nose, flu, croup or fever) within one week of surgery
- Exposure to chickenpox or other illnesses within the previous two weeks or any current illnesses
- Medications currently being taken by the patient, both prescription and over-the-counter
- Any allergies or existing medical problems

### **What about taking medications prior to surgery?**

For two weeks prior to surgery, it is important that the patient doesn't take any medications that contain aspirin, ibuprofen or naproxen. For two weeks following surgery, it is important that the patient doesn't take any medications that contain aspirin or naproxen. These medications interfere with blood clotting and may increase the risk of bleeding during or after surgery. Aspirin is found in several over-the-counter medications, for example, Anacin, Pepto-Bismol, and Alka-Seltzer Cold. Ibuprofen is an ingredient in medications such as Advil, Motrin, and Pediaprofen. Naproxen sodium is found in Aleve.

Please consult your pharmacist about the content of medications or refer to the information provided with these and other medications.

For pain or fever, the patient should take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, but not both. Acetaminophen does not increase the risk of bleeding.

### **What are the risks of surgery?**

The risks of ear surgery include, but are not limited to, problems related to:

- Bleeding
- Breathing
- Swallowing
- Anesthesia
- Dehydration
- Infection
- Voice Changes (from anesthesia procedures)
- Dizziness
- Hearing Loss
- Injury to nerve that controls facial movement

Discuss the risks, benefits and alternatives to surgery with your doctor. Make sure all your questions are answered before surgery.

### **What can be expected after surgery?**

Generally, it takes 3-7 days to recover after ear surgery. However, some patients may feel better in just a few days; others may take up to 14 days to recover.

### **Restrictions**

Most patients rest at home for 3-5 days after surgery. As a rule, the patient can return to school or work when he/she is eating and drinking normally, no longer taking pain medications and sleeping through the night. Even though the patient may be feeling well, they should avoid vigorous activity, straining or heavy lifting for four weeks following surgery. DO NOT blow your nose. Use saline (salt water) nasal mist spray if needed for nasal crusting or congestion. If you must cough or sneeze, try to do this with your mouth open. For 24 hours following anesthesia or taking prescription pain medication, one should avoid:

- Rough physical play
- Using motorized or dangerous vehicles, toys or equipment
- Riding a bicycle
- Drinking alcoholic beverages
- Making important decisions or signing legal documents

## Water Restrictions

Do not swim or allow water to enter the ear for four weeks following ear surgery. When showering, place a cotton ball coated in petroleum jelly (Vaseline) in the ear.

## Managing Symptoms

*Dizziness and/or Nausea and vomiting-* Some patients may experience some dizziness, nausea and/or vomiting during the first 24-36 hours following surgery. If promethazine (Phenergan) suppositories or oral ondansetron (Zofran) have been prescribed, use them as directed every six hours. Contact your surgeon as directed, if nausea or vomiting is experienced for more than 6-12 hours after anti-nausea medication is taken.

*Fever-* If the fever rises to 100.5<sup>0</sup> or higher, contact your surgeon.

*Pain-* Most patients experience some pain following ear surgery. Pain may affect how patients eat, drink and/or sleep. The degree of pain may vary during recovery from mild to severe and may last up to 10 days following surgery. Giving non-narcotic pain medication around-the-clock is the most effective way to control pain. Your surgeon will prescribe pain medication that should be administered every 4-6 hours for the first few days after surgery. The patient's age and medical history will determine if acetaminophen with codeine or other narcotics may be safely used. The side effects of codeine and many similar narcotics are: sedation, nausea, vomiting, constipation and stomach pain. Your surgeon will recommend a dosing schedule that minimizes side effects. Because it is so important, again we mention that for two weeks following surgery, the patient should not take medications that contain aspirin or naproxen. Ibuprofen may be started 24 hours after surgery. If you experience any uncontrolled pain or complications from your pain medications, or any other medications that are prescribed by your surgeon, please contact your surgeon.

*Breathing-* In the unlikely event that breathing becomes difficult, or the patient becomes unresponsive, stops breathing, or turns blue- **CALL 911.**

*Bleeding-* Discuss the risks and management of bleeding with your surgeon. If the patient experiences any bleeding from the nose or mouth, the patient should immediately be brought to the nearest hospital emergency room. Again, any bleeding requires immediate attention.

*Drinking-* It is very important that patients drink plenty of fluid after ear surgery. Encourage juice, non-caffeinated soft drinks, Popsicles and gelatin.

If the patient is showing signs of dehydration (has only two or three urinations per day or is crying without tears) contact your surgeon. The patient may need to return to a medical facility for evaluation and fluids.

*Eating-* During the first 24 hours following ear surgery, advance the patient's diet slowly first giving bland liquids, then bland soft foods. In general, a patient has no dietary restrictions beginning 24 hours after ear surgery.

*Ear Symptoms-* After surgery of the ear and/or mastoid (bone surrounding the ear), the following is expected to occur:

- Thin bloody drainage lasting a few days
- Fullness and dampened hearing
- Popping, crackling and/or clicking sounds
- Outward protrusion of your ear
- Mild pain or other discomfort
- If you have an incision behind your ear, the sutures used to close this will eventually dissolve without the need for removal.

Place a clean cotton ball soaked in Vaseline or antibiotic ointment in the ear twice per day for one week following surgery. Starting one week after surgery, place a clean dry cotton ball in the ear if needed to catch bloody drainage. If you experience any breakdown of the incision, extreme tenderness or marked swelling of your incision site, please contact your surgeon.

*Nasal Congestion-* DO NOT blow your nose until you have seen your surgeon back for a postoperative clinic visit and been permission to blow your nose. Use saline (salt water) nasal mist spray if needed for nasal crusting or congestion. If you must cough or sneeze, try to do this with your mouth open.

*Voice-* The patient's voice may be temporarily different after anesthesia. If there is a voice change that persists for more than one week, notify your surgeon.

## Follow-up care

Your surgeon and his staff will arrange a follow-up appointment. If you have any questions or concerns before that time, contact your surgeon.

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