



NASHVILLE EAR, NOSE & THROAT CLINIC

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What To Expect Following Ear Surgery

There are some symptoms which may follow any ear operation.

Taste Disturbance and Mouth Dryness: Taste disturbance and mouth dryness are not uncommon for a few weeks following surgery. In some patients this disturbance is prolonged.

Tinnitus: Tinnitus (head noise), frequently present before surgery, is almost always present temporarily after surgery. It may persist for one to two months and then decrease in proportion to the hearing improvement. If the hearing does not improve, the tinnitus may persist.

Numbness of Ear: Temporary loss of skin sensation in and about the ear is common following surgery. This numbness may involve the entire outer ear and may last for six months or more.

Jaw Symptoms: The jaw joint is in intimate contact with the ear canal. Some soreness or stiffness in jaw movement is very common after ear surgery. It usually subsides within one to two months.

Drainage Behind the Ear: At times, the surgeon may insert a drain tube behind the ear. The necessity for this tube is usually not apparent before surgery. Should a drain tube be necessary, it will protrude through the skin behind the ear about ¼ inch and may be left in place for a week or more.

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Comprehensive ENT · Pediatric ENT · Otolaryngology · Neurotology · Snoring & Sleep Disorders
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Risk and Potential Complications of Surgery

Fortunately, complications are uncommon following ear surgery. Some that rarely occur are:

Ear Infection: Ear infection, with drainage, swelling and pain, may persist following surgery or on rare occasions may develop following surgery due to poor healing of the ear tissue. When this happens, additional surgery might be necessary to control the infection.

Loss of Hearing: In approximately 3% of all cases hearing is permanently impaired following surgery. On occasion there is a total loss of hearing in the operated ear. These are due to (1) extent of the disease and (2) Complications in healing. In these instances, nothing further can be done to improve hearing.

In some cases, a two-stage operation is necessary to achieve satisfactory hearing and eliminate the disease. The hearing is usually worse after the first operation in these instances.

Dizziness: Dizziness may occur immediately following surgery due to swelling in the ear and irritation of the inner ear structures. Some unsteadiness may persist for a week after surgery. On rare occasions, dizziness is prolonged.

Ten percent of patients with chronic ear infections due to cholesteatoma have labyrinthine fistula (abnormal opening into the balance canal). When this problem is encountered, dizziness may last for six months or more.

Facial Paralysis: The facial nerve travels through the ear bone in close association with the middle ear bone, eardrum, and the mastoid. A rare postoperation complication of ear surgery is temporary paralysis of one side of the face. This may occur as the result of an abnormality or a swelling of the nerve and usually subsides spontaneously.

On very rare occasions the nerve may be injured at the time of surgery, or it may be necessary to excise it in order to eradicate disease. When this happens, a skin sensation nerve is removed from the upper part of the neck to replace the facial nerve. Paralysis of the face under these circumstances might last six months to a year, and there would be a permanent, residual weakness. Eye complications require treatment be an ophthalmologist could develop in this case.

Hematoma: A hematoma (collection of blood under the skin) develops in a small percentage of cases. Another operation to remove the clot may be necessary if this complication occurs.

Complications Related to Mastoidectomy: A cerebral spinal fluid leak (leak of fluid surrounding the brain) is a very rare complication. Another operation may be necessary to stop the leak.

Intracranial (Brain) Complications: Such as meningitis or rare-brain abscess or even paralysis, were common in cases of chronic otitis media before the antibiotic era. Fortunately, these now are extremely rare complications.

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Home Care Instructions Following Ear Surgery

1. Do no heavy lifting (nothing over 5lbs) or straining for one week after surgery.
2. If you are discharged on the day of your surgery, keep the dressing on until the morning, Remove the cotton in the ear canal and replace the cotton. **Leave any packing in the ear.**
3. Do not blow your nose for two weeks following your surgery. Also, do not sneeze during this period to avoid undue pressure changes in the middle ear. If you do sneeze, do so with your mouth open.
4. Bloody drainage and ointment is expected from the ear canal for 10 days after surgery. Change the Cotton in the ear canal as needed 4 or 5 times a day.
5. Water should be kept out of the ear canal until the ear is healed, generally 4-6 weeks after surgery. You may shower the day following surgery if the ear canal is protected with cotton that is coated with neosporin ointment to waterproof the ear canal.
6. If you had surgery to improve your hearing, do not be concerned regarding your hearing for a period of 6-8 weeks after surgery. Your hearing will be evaluated at that time.
7. Any undue pain, abnormal swelling, or redness should be reported to your doctor. Some swelling of the ear causing the ear to mildly turn forward is common.
8. A full sensation associated with popping noises is common during the healing period.

Travel Restrictions Following Surgery

You should have someone drive you from the hospital. Air travel is permissible after surgery and is preferred to automobile or train for trips that are over 200 miles.

Important phone numbers:

If you have any questions regarding what to expect following your ear surgery, please call our office at (615)386-9089. A message center is available to answer your call after hours.