



## MIDDLE EAR SURGERY

The ear is a complex organ that allows for hearing and balance. Disease of the middle ear may result in serious impairment of the hearing and balance functions of the ear, as well as cause pain, drainage, and risk of life threatening infection of the brain, skull bones, and blood vessels. Common problems of the ear include perforation (hole) of the eardrum, cholesteatoma (skin cyst behind the eardrum), chronic infection with pain, drainage and odor, and disease of the ear bones. Surgery may be necessary to return the ear to health, or reduce the risk of infection. Hearing loss may sometimes not be correctable or may occur as a result of the underlying disease or result from surgery. This may be secondarily treated after resolution of the primary condition requiring surgery.

### REASONS FOR SURGERY- How is the decision made?

Surgery of the eardrum and middle ear is a decision to be made between the surgeon and the patient or family.

- Perforation (hole) in the eardrum that fails to heal on its own
- Cholesteatoma (skin cyst behind the eardrum)
- Chronic ear drainage, bleeding, pain, or odor
- Significant hearing loss due to abnormality of the ear bones, eardrum, or middle ear space
- Other problems as discussed with your doctor

### SURGICAL TREATMENT- What are the Risks, Alternatives, Potential Complications, and Benefits?

- **Risks-** The risks of ear surgery include: hearing loss; injury to the ear canal, eardrum, or middle ear; injury to the nerve controlling facial movement; injury to the nerve of taste sensation; injury to the balance organ, brain, or blood vessels; and need for revision surgery for recurrent disease. Hearing loss may require treatment with additional surgery, treatment with a hearing aid, or not be correctable. Removal of the nerve controlling taste is sometimes a necessary part of surgery. Bleeding is uncommon and is usually limited. A visible scar above or behind the ear is possible. There is a small risk from anesthesia.
- **Alternatives-** Some ear surgery is elective, which means that you may choose to have no treatment or to treat the problem with medication or by other means. For some conditions surgery is the only available treatment. Sometimes a decision to not have treatment can have serious consequences that you should discuss with your doctor.
- **Complications-** Injury to the nerve controlling facial movement resulting in loss of facial movement on one half of the face, complete hearing loss not treatable with a hearing aid, injury to the balance organ with severe dizziness, injury to the brain or brain lining, and injury to the blood vessels are serious complications of ear surgery. All of these complications are rare, but may require additional treatment.

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- **Benefits-** Most middle ear surgery is without severe complications and the success in relieving most conditions is excellent with significant reduction in the frequency of ear infection, reduced pain, drainage or odor, and stable or improved hearing.

**RECOVERY-** What should I expect?

Most patients have a rapid recovery and can resume normal activities later the same day as surgery after a short observation period. If nausea or vomiting is severe, an overnight stay in the hospital may be needed. Once you have gone home, common events in the recovery period and expectations of what is normal are listed below. Call your doctor if you have any questions or concerns that are not answered here.

- **Pain-** Pain is usually mild to moderate and is an expected part of recovery after surgery. Over the counter medications such as Tylenol®, Aspirin®, Advil®, Motrin®, Aleve®, and ibuprofen are generally adequate for relief of pain. *Take only the medication prescribed by your doctor unless advised otherwise.* If pain is severe or worsening, or not relieved by the pain medication taken as prescribed, call your doctor.
- **Drainage-** This may occur for a few days after surgery and should be clear to grey or pink in color. If bright red blood, pus, or foul smelling drainage is noted, call your doctor.
- **Hearing loss-** This results from packing material, swelling, blood, and drainage in the ear from surgery and is usually temporary. Over the next several weeks resolution of this loss is generally expected. A hearing test 6 to 9 weeks after surgery to assess hearing should be expected.
- **Dizziness-** This is not uncommon after surgery on the ear and will subside after a few days. If symptoms are severe, or show no improvement with healing, notify your doctor.
- **Nausea and vomiting-** These are usually due to the effects of anesthesia and should subside in the first day or two. If they continue beyond this, call your doctor.
- **Fever-** A low grade temperature of less than 102° F for a few days after surgery is normal. Notify your doctor for fever above this, or one that persists for greater than 3 days.
- **Eating and drinking-** A regular diet is usually well tolerated.
- **Activity-** Light activities are permitted, with advancement as tolerated. Do not drive or operate machinery while on narcotic pain medication or if you are feeling dizzy. Keep water from entering the ear with bathing.
- **MEDICATIONS-** Ask your doctor about resuming your home medications. Do not take herbal supplements as these often have blood thinning properties which may increase the risk of bleeding.

**CONTINUING CARE-** What additional care do I need after surgery?

**Ear plugs-** The use of earplugs when around water is recommended. When the surgical incision is fresh, you should avoid any water exposure for at least 48 hours. After that time, a cotton ball coated with petroleum jelly may be placed to keep the ear dry during bathing. After healing is complete, you may purchase sized plugs at your doctor's office, or many commercial plugs are available at your favorite pharmacy. The most important factor is a comfortable fit that keeps water from entering the ear canal.

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**Follow-up-** Your doctor will see you for follow-up evaluation the day after surgery and then in approximately two weeks after surgery unless another time has been arranged. Call the office if an appointment has not been previously scheduled. A hearing test to confirm that hearing has returned to normal levels will also be performed when the ears are healthy and healing is complete. Ongoing visits for cleaning of the ear and monitoring for recurrent disease may be needed.