

DIET:

1. A light diet, such as gelatin, liquids, popsicles, pudding and soups are best the day of surgery. Avoid spicy, hot or gaseous foods.
2. If patient experiences nausea or vomiting, avoid giving solid foods. Try tea, Gatorade, 7-Up, etc. until nausea passes.
3. Do not chew gum.

MEDICATIONS:

Continue routine medications.

Patient given Rx: _____

You may **alternate** Ibuprofen with your prescribed pain medication, unless directed differently. **DO NOT TAKE ASPIRIN**. If you are **NO LONGER** taking prescribed pain medication, you may alternate Tylenol with Ibuprofen for pain control.

If taking prescribed pain medication, you should not drink alcoholic beverages or drive a car.

GENERAL ANESTHETIC:

After a general anesthetic, the patient may experience some weakness, dizziness, and sleepiness. A responsible adult must stay with the patient for 24 hours because of the effects of the anesthesia. Adults should not drive a car, operate dangerous machinery or make important or legal decisions for up to 24 hours. You may feel weak for 2-3 days. You may have a sore throat for a while.

ACTIVITY:

1. **Do Not** blow your nose until you doctor tells you that your ear is healed and that you can.
2. **Do Not** "pop" your ears. If it is necessary to sneeze, do so with your mouth open.
3. **Do Not** lift any heavy objects.
4. **Do Not** strain when going to the bathroom.
5. **Do Not** get water in the ear until it is well healed and your doctor says that it is okay. When showering or shampooing, cotton covered with a thin layer of Vaseline may be placed in the outer ear. You may wash your hair three days after surgery. Keep the ear canal dry at all times.

SPECIAL INSTRUCTIONS:

1. Hearing improvement may not be noticed right away. Sometimes it is worse because of normal swelling of the ear tissue and the packing in the ear canal. After 6-8 weeks, a hearing improvement may be noticed – or it may take up to 4-6 months.

2. The dressing has been placed in order to maintain pressure on the incision and to collect the anticipated drainage from the ear canal and incision. Rarely, the bloody discharge may "leak" below the lowermost portion of the dressing. Should this occur, simple tape extra gauze squares to this area of the dressing to reinforce it. You may remove the outside dressing tomorrow. This is accomplished by cutting through the thinnest portion of the dressing with scissors and gently peeling the dressing away from the hair and the operative site. Should the dressing seem to stick, then the use of hydrogen peroxide will help loosen the dressing from this area. Do not remove the packing in the ear. Once the dressing has been removed, a damp washcloth may be used to gently clean any bloody debris from the hair around the ear and the incision. Do not directly rub the incision itself. Following cleaning, a dry small piece of cotton may be placed at the opening of the ear canal. Sutures used will dissolve on their own.
3. There may be some watery or bloody discharge from the ear during the healing process. The outer ear cotton may be changed when soiled, but it is best to leave the ear alone.
4. Mild pain for up to 2 weeks after surgery is not uncommon.
5. Minimal dizziness is not unusual, especially with head movement. Do not be concerned by the dizziness unless it gets worse.
6. You may have some pulsations, clicking, and other sounds in the ear. This is not unusual.
7. Occasionally you may feel sharp shooting pains, as well as a sensation of liquid in the ear.
8. On occasion, the ear may protrude or may have some swelling along the side of the head. This will resolve with time.

FOLLOW-UP:

Office appointment _____

Keep appointment as made during patient's pre-op visit.

Other: _____

MISCELLANEOUS:

Contact physician if patient experiences:

1. Persistent bleeding or redness around the sutures.
2. Persistent pain, not relieved by medication.
3. A foul (bad smelling) drainage from the ear. This may be a sign of infection.
4. Persistent temperature greater than 101°F, lasting for 8 or more hours.

Drs. Jetmore, Bawa, & Hirons

Telephone (765) 966-1600

Toll Free (800) 891-1633

For serious problems, report to your nearest Emergency Department.

Instructions explained by: _____ Date: _____

I understand the above: _____ Relationship: _____

PATIENT INSTRUCTIONS

TYMPANOPLASTY/MASTOIDECTOMY/OSSICULOPLASTY

DRS. JETMORE, BAWA, & HIRONS

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