

The Mount Sinai Hospital New York Eye and Ear Infirmary of Mount Sinai

POSTOPERATIVE CARE INSTRUCTIONS

Pediatric Ear Surgery

Ear surgery is done to help your child's hearing when they have a hole in the ear drum (perforated ear drum) or to limit damage caused by a cyst growing in the ear (cholesteatoma). This is done either completely through the ear canal or by making an incision behind the ear.

After Surgery Care

Surgical Site: It is normal to see some blood or other drainage coming from your child's ear. This may last for the first 24-48 hours after surgery and gradually lighten after that. If the amount of bleeding is concerning to you, please inform your doctor. Please keep all water out of the ear canal until your surgeon tells you otherwise. Using a cotton ball coated with petroleum jelly is an inexpensive and effective way to do this. If your child has an incision behind the ear, he/she may bathe 48 hours after surgery. If there is no incision, your child may bathe anytime. You may see stitches on your child's skin. All stitches will dissolve and do not need to be removed. This usually takes 1-2 weeks. Your child may have one or both dressings listed below. You will be able to tell what type(s) of dressing is there by looking at your child's wound:

- <u>Steri-Stips</u>— These are white tapes placed over your child's incision. These normally stay in place for 7-10 days. You may wash over them 48 hours after surgery and pat them dry after bathing. Do not use ointment over these tapes, but if they come off before 7 days, please place antibiotic ointment on the incision twice a day. If they are still in place after 10 days, you may remove them.
- <u>Glasscock Dressing</u>—This is a plastic ear cup worn over the operated ear and secured with a Velcro strap. It protects the ear and applies pressure to the wound. Please keep this on to protect the ear for the first 48 hours after surgery, then at night for 1 week. You will probably have to readjust this dressing several times. That's ok! You may also need to change the gauze on the inside of the cup if it becomes saturated with drainage. This is normal. Some younger children will not keep the ear cup on. Do your best to keep it in place, but you may end up having to take it off early if your child fights you too much.

Activity: Do not let your child pop his/her ears until cleared by your doctor. Encourage your child to keep his/her mouth open when sneezing. No swimming, diving or water in the ears. Use a cotton ball coated in petroleum jelly while bathing to keep water out of the ear until cleared by your doctor. If you were told your child had a prosthesis placed to reconstruct the hearing bones (ossicular chain reconstruction), no running or contact sports for 1 month.

Diet: Your child may start eating normally as tolerated.



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Hearing: Hearing is usually muffled after surgery because of packing placed. This packing will dissolve over the next couple weeks and the hearing typically improves.

Return to School: Your child may return to school when you and your child feel he/she is ready. Typically this is between 2 and 5 days but may be more or less. Inform your child's teacher that your child had ear surgery and may not hear as well out of the operated ear. The teacher may want to move the child to the front of the class or to a different side of the room to optimize your child's hearing and understanding in class.

Pain: Your child may have some discomfort after surgery. Depending on how extensive the operation was, your child may have very little pain or may require pain medicines to control the pain. Acetaminophen (Tylenol) and ibuprofen (Motrin/Advil) typically control pain well after this type of surgery. These medications are over the counter and do not require a prescription. Check the package directions for the appropriate dose for your child's weight. Acetaminophen is usually given every 6 hours as needed and ibuprofen is also given every 6 hours as needed. They can be alternated as shown in the sample below:

- 12:00 pm—acetaminophen
- 3:00 pm—ibuprofen
- 6:00 pm—acetaminophen
- 9:00 pm—ibuprofen

Children do not typically require <u>narcotic pain medications</u>. Some older children may be given a prescription for a narcotic pain medication and should take this as prescribed.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking <u>narcotic pain medication</u> (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses.

Antibiotics: Your child may have been given a prescription for an <u>antibiotic ear drop</u>. This will help packing in the ear canal (if any was used) to dissolve. Please use them as directed. Typically drops are not started until 1 week after most ear surgeries and are continued until the patient follows up in 3 weeks. <u>To Apply Eardrops</u>:

- If the eardrop medication is cold, warm in your hands or pocket before using. Cold drops in the ear are uncomfortable and may make your child dizzy.
- Have your child lie down on a flat surface. Gently hold the child's head to one side.
- Remove any drainage from the ear with a clean cloth. Clean only the outer ear. Do **not** insert a cotton tipped swab into the ear canal.
- Straighten the ear canal by pulling the earlobe up and back.
- Keep the dropper ½ inch above the ear canal to avoid contamination. Apply the drops into the canal.
- **Do not** massage the ear or try to pump them deeper into the ear.
- Have your child stay lying down (if possible) for 2 to 3 minutes.

Oral antibiotics are not necessary unless your child had an infection at the time of surgery.



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When to Call Your Surgeon: If your child has...

- 1. Any concerns. We would much rather that you call your surgeon then worry at home, or get into trouble.
- 2. Has bleeding that concerns you.
- 3. Has pain not controlled by pain medicines.
- 4. Has redness, swelling, or discharge from the incision.
- 5. Has severe dizziness.
- 6. Has a temperature of 102°F or higher by mouth or rectum.
- 7. If your child has trouble breathing- you need to go directly to the emergency room without calling.

Postoperative appointments:

Please follow up in 3 weeks. At that visit your doctor will check how the ear is healing and may suction out some remaining packing. Your child will need a hearing test 2-3 months after surgery.