

VANESSA S. ROTHHOLTZ, M.D., M.Sc.

414 NORTH CAMDEN DRIVE, SUITE 975 · BEVERLY HILLS, CA 90067

TEL: 310.926.1573 · FAX: 310.926.1563

**Post-Operative Instructions for Ear / Exostosis Surgery
(Surfer's Ear)**

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
- ALLERGY

Diet

In the immediate post-operative period, the patient may experience some vertigo, nausea or vomiting. It is therefore preferable to stick to a liquid diet or a light bland meal. A regular diet may be resumed the day after surgery as tolerated. It is not unusual to experience some earache on mastication (chewing) and possibly, some difficulty in fully opening the mouth.

Wound Care

The operated ear is usually packed and full of blood-tinged debris. It will feel clogged and you may hear crackling sounds. On the side of the operated ear, the temple and the region around the orbit (eye) may become a little swollen. If you have a dressing wrapped around the head, please keep that dressing dry and avoid water. Remove this dressing 2 days after the surgery. If it falls off, please replace it gently. If you have a cotton ball in the ear, change it when it gets soaked and replace it with a clean cotton ball. It is not necessary to use a band aid or adhesive tape to hold the cotton ball. Use a little antibiotic ointment to make the cotton ball stick.

1. Do not allow any water to enter the operated ear. Protect the ear when showering or washing the hair with a cotton ball coated with Vaseline. It may be a good idea to have someone help you with washing the scalp to avoid water. When finished washing, remove the coated cotton, wipe the ear with a soft paper tissue and place a clean, dry cotton ball. A little antibiotic ointment may help the cotton ball stick and stay in place. A shower cap provides extra protection.
2. Thick, dark or bloody ear drainage is expected during the first week after surgery. You may clean the crusting from the outer part of the ear with peroxide and Q-tips. Replace the cotton ball in the ear with a clean, dry piece when the current one is soiled. Occasionally, you may see brown or dark red pieces of packing (Gelfoam) extruding from the ear canal. Do not attempt to replace them or to remove the remaining pieces that are still in the ear canal.
3. If your doctor informs you that tympanic membrane (ear drum) repair was necessary, do not blow your nose for at least two weeks from the day of surgery. Blowing can build excessive pressure in the operated ear and displace the reconstructed or grafted eardrum. If you have to sneeze, please do it with your mouth wide open to avoid pressure build up in the ear. No air travel for 4 weeks.
4. Do not lift anything heavier than 10 pounds for 2 weeks.
5. When sleeping, try to sleep on the non-operated ear and sleep with your head elevated.

Medications

Antibiotics are usually prescribed, please take them as directed until they are all gone. Take the pain medication every 4 to 6 hours as needed. Pain medications cause drowsiness, nausea and constipation. Please refrain from driving, operating machinery or making important decisions when taking painkillers. Start the ear drops one week after your surgery.

Follow-up

In one week. Please call 310-201-0717 during business hours if you are uncertain of your appointment time.

Contact our office and report any:

Excessive headache, severe attacks of dizziness or vertigo or intractable vomiting, Temperature above 102 degrees, Facial paralysis (Inability to close the eye and crooked smile like in Bell's Palsy)

We do not refill painkillers over the phone. For prescription refills, please call during office hours. Thank you.