



## ENT & ALLERGY CENTER OF AUSTIN

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### ***Ear Surgery Post-op Instructions***

#### **The days following surgery:**

- Avoid bending, stooping, straining, heavy lifting or physical exertion until your doctor permits you to do so (after your scheduled follow up visit). As you increase mobility, you may see a return or increase of pain.
- Avoid any excessive fatigue or unnecessary exposure, which may cause you to catch a cold. If this should happen, notify your doctor with any ear symptoms.
- DO NOT blow your nose until your doctor states you may do so. To remove secretions from your nose, you may draw secretions back into the throat and then expectorate them into a tissue if desired
- Sneeze with your mouth open. Do not try to suppress the sneeze in any way as this puts pressure on your ears.
- DO NOT try to pop your ears until your doctor has given you permission to do so.
- Bathing: For the first week, DO NOT allow water to enter the ear. When showering or washing hair, place a small piece of cotton in the opening of the ear canal. If surgery required an incision behind the ear, this is to be covered with a sterile gauze
- Foods: Normal diet may be resumed if no nausea and/or vomiting has occurred. Gradually work up from clear liquids and crackers to foods that are tolerated. Remember to drink plenty of fluids if you have no restrictions to do so. Water is best!
- Call your doctor's office for a follow-up appointment. You should be seen 7 to 10 days after your surgery.

#### **Answers to FAQ's on post-op issues:**

- If you develop excessive nausea/vomiting or lightheadedness call your doctor immediately-
- Breathing complications with children after general anesthesia occur rarely. The symptoms are croupy sounds when breathing in, noisy gasping sounds or abdominal tension with breathing.
- If you were given steroids during surgery or prescribed steroids after surgery, you may experience an elevation in anxiety or sleep disturbances. Less common symptoms are hallucinations.
- If you were given narcotics/pain medication during surgery or prescribed narcotics after surgery, watch for urinary retention. This is especially common in males over 50 or males with a history of prostate problems. Contact your physician if you are unable to urinate within hours of your surgery.
- With all patients, common symptoms with narcotics/pain medications are itching without rash and nausea. If rash or vomiting develop after taking a medication please contact your physician
- Travel: You should avoid any excessive traveling during the first two weeks post-operatively. If travel is necessary, commercial pressurized air travel is preferred for long trips. During altitude changes, it is advisable to chew gum to stimulate swallowing which relieves the pressure on the middle ear.

#### **Medications:**

- If your doctor ordered medication, take as he or she directed. If you have questions regarding your medication, please check with your pharmacist or doctor.
- Tylenol is usually adequate for children.
- Do not take Aspirin products.
- Motrin may be taken for breakthrough pain if absolutely necessary, but can tend to thin the blood so do not use in cases of excessive bleeding.
- Do not drive or operate any machinery or drink alcoholic beverages for 24 hours or while taking narcotics.

*It has been a pleasure to serve you.*