

Tympanomastoidectomy Post-Operative Instructions

A tympanomastoidectomy is a surgery performed to clear chronic infections or growths of the middle ear or mastoid space.

- The mastoid process is the bony extension of the middle ear.
- Some chronic ear infections (cholesteatomas) can extend into this space and require surgical removal from the mastoid.
- The procedure is usually an outpatient surgery. Occasionally for more extensive cholesteatomas, overnight stay is preferred.
- In some cases, the removal of the posterior canal wall may be required separating the mastoid and the external ear canal. This is termed "canal wall down."
- This creates a larger cavity requiring an enlargement of the ear canal opening (meatoplasty).
- Once this has been performed, frequent cleaning procedures will be required even once the linings have healed properly.

What are the risks of a tympanomastoidectomy?

- Facial nerve injury
- Disease recurrence requiring another surgery
- Inadequate hearing improvement, or even hearing loss

Wound care instructions:

- Keep the bulky dressing on for 48 hours and then remove
- DO NOT REMOVE INNER EAR PACKING
- The packing will be removed in the clinic at your post-operative checkup
- If the packing begins to come out, cut dressing close to ear
- You will be prescribed ear drops after the dressing is removed

Suture Line Care:

- Wash your hands with soap and water before and after caring for the incision
- Cleanse suture line (stitches) 3 times a day to remove drainage
- Moisten Q-tips with hydrogen peroxide
- Apply a thin film of the ointment you were prescribed using a Q-tip
- Keep the incision open to air with no dressing

What to expect after surgery:

- Initially, you may have some drainage (bloody in color). This should stop after 3 days
- Dizziness, if this persists call the ENT clinic
- Absolutely cannot get water in the ear
- No showering until post-operative checkup
- To avoid water in the ears: apply Vaseline jelly on cotton ball and place Vaseline side in the ear (this creates a water barrier)
- No lifting over 5 lbs for at least 2 weeks
- Sneeze with mouth open
- You will return to the ENT clinic 1 week after surgery for post-operative checkup

Call the ENT clinic or Case Manager if you experience any of the following:

- Drainage that persists
- Swelling
- Increased pain
- Fever of 101° or higher

