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Form "PO-R" Guidelines after Myringoplasty/Tympanoplasty surgery

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.

QR: THIS FORM ONLINE-SELECT FORM "PO-R"

Wound care, avoidance of ear pressure, management of nausea/ vomiting, pain control, and urinary retention are the main factors in care after Myringoplasty/Tympanoplasty.

Wound care instructions:

Ear canal and Ear drum:

Do not allow water or other material to enter the ear canal. Do not wash hair for four days after surgery. After that time, a good way to keep water from getting into the ear canal during bathing is to thoroughly cover a cotton ball with Vaseline (or an antibiotic ointment, such as Bacitracin), and to place this covered cotton ball in the outer ear canal before bathing. Another option is to use a shower cap pulled over the ear. Do not use Q-tips in the ear canal.

Do not swim until cleared to do so by your surgeon.

It is normal to see dark or bloody drainage come from the ear canal for up to a week after surgery. Sometimes, pieces of dissolvable packing, called Gelfoam, may also come out. You may clean the outside of the ear if desired, but do not remove or replace anything from or to the ear canal.

Contact your surgeon if there is a large amount of pus draining out of the ear canal.

Skin Incision and dressings:

If you have an external dressing, try to keep it on for 48 hours after surgery. It is acceptable if the head dressing falls off sooner than 48 hours. Keep the incision dry for at least 48 hours after surgery. You may sponge bathe, bathe, or shower however you like as long as the surgical areas stay dry.

If there is a skin incision behind or on the external ear, keep a layer of antibiotic ointment on the wound at all times once the dressing has been removed. This typically requires application three times a day.

After 48 hours from the end of surgery, the skin incisions may be washed with soap and water, but gently, with the fingertips, not a washcloth. Drying these areas should be blotting dry, not wiping dry. Apply antibiotic ointment immediately after drying the incisions.

Attempt to sleep with the back of the head or the non-operated ear in contact with the pillow.

If there is a skin incision behind or on the external ear, the best ways to achieve a nicely healed scar are to follow the above instructions and to avoid sun exposure (with clothing or a placing a SPF 30+ sunscreen directly on the incision when outside) for three months after surgery.

Antibiotic ointments:

mupirocin (Bactroban)
bacitracin
triple antibiotic ointment
double antibiotic ointment
Neosporin

Note: These may be purchased over-the-counter (without a prescription).

If your surgeon has prescribed an oral antibiotic, take it as scheduled until the supply is used. Report any rash, hives or other reaction to your surgeon. If you were prescribed oral antibiotics, take them as scheduled.

Contact your surgeon if the wound becomes more painful over time, develops more than a little swelling, or if the coloration of the skin extends more than 1/2 inch (1cm) from the incision.

Avoidance of Ear Pressure:

In order to maximize chances of a successful outcome, please make the following efforts to avoid building air pressure behind the eardrum, which could break the surgical seal.

- Sneeze with the mouth open. Do not try to hold in or suppress a sneeze.
- Avoid nose blowing for **two weeks** after surgery. Sniffing is ok.
- Do not play an instrument requiring use of air pressure (e.g., trumpet, tuba, clarinet, etc.)

Bleeding:

If a doctor has prescribed a medicine to "thin" the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding.

Medicines to avoid include common pain medications (see Table 1, below), blood "thinners" (see Table 2, below), and certain dietary supplements and herbal remedies (see Table 3, below). If a prescribing physician considers your risk of clotting too high to stop taking blood "thinners" according to table 2, he or she may arrange a "bridge" with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered.

Table 1: Common NSAIDs (non-steroidal anti-inflammatory drugs):

Name	Omit (do not take) timeframe	Common **resume** date
aspirin	1 week before surgery	2 weeks after surgery
Motrin (ibuprofen)	1 week before surgery	2 weeks after surgery
Advil (ibuprofen)	1 week before surgery	2 weeks after surgery
Aleve (naproxen)	1 week before surgery	2 weeks after surgery
Voltaren (diclofenac)	1 week before surgery	2 weeks after surgery
Naprosyn (naproxen)	1 week before surgery	2 weeks after surgery
Mobic (meloxicam)	1 week before surgery	2 weeks after surgery
Indocin (indomethacin)	1 week before surgery	2 weeks after surgery
(many others)	1 week before surgery	2 weeks after surgery

Table 2: Common drugs to "thin" the blood:

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-**7** days before surgery
Warfarin™ (coumadin)	5 days before surgery
Pradaxa™ (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-49)	4-**6** days before surgery
Xarelto™ (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Eliquis™ (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Saveysa™ (edoxaban)	4-**5** days before surgery
Arixtra™ (fondaparinux)	
normal-mild kidney dysfunction	5 days before surgery
Lovenox™ (enoxaparin)	2 days before surgery
Fragmin™ (dalteparin)	2 days before surgery

These medications are commonly <u>resumed</u> 7-10 days after surgery, as determined by the surgeon's assessment of bleeding risk.

Table 3: Dietary Supplements and herbal remedies that "thin" the blood:

Name	Common **stop** date (last dose)	Common **resume** date
Vitamin E	2 weeks before surgery	At least 2 weeks after surgery
Fish oil (including omega-3-fatty acids)	2 weeks before surgery	At least 2 weeks after surgery
Ginko biloba	2 weeks before surgery	At least 2 weeks after surgery
Ginger	2 weeks before surgery	At least 2 weeks after surgery
Garlic	2 weeks before surgery	At least 2 weeks after surgery

Table 4: Drugs for erectile dysfunction:

Name	Omit (do not take) timeframe:
sildenafil (Viagra®)	24 hours before surgery
tadalafil (Cialis®)	24 hours before surgery
vardenafil (Levitra®)	24 hours before surgery

These erectile dysfunction medications may be resumed two weeks after surgery.

Pain Control:

Pain after surgery is usually moderate initially, and gradually subsides to a mild level over a day or two.

Pain after surgery is usually moderate initially, and gradually subsides to a mild level over a day or two. Depending on what part of the neck underwent surgery, muscles in that area may be painful when activated with chewing, swallowing, or talking. It is important to stay well-hydrated after surgery, so keep drinking fluids despite some discomfort.

Narcotic pain medicines must be respected and used sparingly. Note that some pain medicines are combinations of narcotic and Tylenol (acetaminophen). Plain Tylenol (acetaminophen) may be used for mild to moderate pain, but the total amount of Tylenol (acetaminophen) from all sources must be less than 3 g (3000 mg) per day for an adult. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two weeks after surgery because they promote bleeding.

Do not try to attain a pain-free state, since this would require too much pain medicine, and risk dangerous side effects. On the other hand, do not try to just suffer through your pain since doing so will make your blood pressure too high with potential risk. The ideal degree of pain is low enough to be able to sleep a couple of hours at a time.

Narcotic pain medicines should be taken with food.

Fever:

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

Urinary Retention:

The inability to urinate despite having a full bladder can sometimes occur after a procedure under general or spinal anesthetic. This is more common among men above the age of 60 and when the anesthetic duration is longer than two hours. Symptoms of urinary retention include the following:

- Feeling like you need to urinate but being unable to urinate
- Feeling like you cannot fully empty your bladder after urinating
- Feeling pain in the low abdomen

Typically, if one is able to urinate normally once after surgery, the risk of urinary retention thereafter is low. Tricks to try to facilitate flow of urine include turning on some flowing water from the sink and putting a hand in warm water while trying to urinate. If symptoms of urinary retention develop, you may need to present to an Emergency Room where a bladder scan to verify urinary retention and possibly catheterization to empty your bladder may be performed. If one waits too long to get a bladder drained, the bladder may temporarily lose ability to contract, leading to needing a urinary catheter for several days while it recovers, or in extreme cases, bladder rupture.

Nausea/Vomiting:

Nausea and vomiting can occur after surgery.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and combined with other medicines, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metaclopromide (Reglan).

Return to Driving and Other Activities Requiring Alertness:

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

Physical Activity:

For 2 weeks after surgery, avoid strenuous activity (such as running, jogging, sports, sexual activity, lifting more than 15 pounds, and gardening). (See Table 4.) You should be active with walking regularly during this time.

Skin numbness:

It is normal to have some numbness on and around an incision. This typically improves over time.

You may find more information at DoctorLansford.com