A tympanoplasty is a surgical procedure to improve a damaged tympanic membrane (eardrum) or middle ear. A tympanoplasty is sometimes combined with mastoidectomy to further open and drain the ear.

- Following the tympanoplasty a cotton ball will be placed in the outer ear. You may change the cotton ball once a day or if soiled and apply Bacitracin ointment to the outer ear before inserting the cotton ball (this will help keep inside the ear canal dry).
- For approximately a week following surgery, a small amount of drainage from the ear is to be expected. You may notice some dried blood or drainage on the cotton ball. Do not be alarmed unless the cotton is saturated. You may use Q-tips and peroxide to remove crusting from the outer ear.
- The incision behind or near the ear is held together by absorbable sutures. If the incision develops signs of infection such as redness, drainage, and/or swelling please call our office immediately.
- You may notice material/debris coming out of the ear. This is packing material that was placed at the time of surgery. It is okay if the material falls out on its own but DO NOT REMOVE ANY PACKING unless it falls out on its own.
- DO NOT PROBE THE EAR CANAL or try to remove anything from the ear canal.
- You may notice that the operated ear feels full or clogged following surgery. Your hearing may feel different on the operated side. It may take between 4-8 weeks for your hearing to improve.
- If a medication or eardrops have been prescribed, use them as directed. Do not use any eardrops unless instructed to do so by our office. Call our office with any questions.
- Keep the operated ear dry. You may bathe but must protect the inside of your ear with a cotton ball. When you finish bathing, remove the old cotton ball and apply dry cotton. No swimming until cleared by our office at a follow up visit.
- You may return to a normal diet as tolerated. Immediately post-operatively you may experience some nausea, vomiting, or dizziness. You may notice some facial soreness that worsens with mouth opening or chewing. This will resolve a few days following surgery.
- You may resume normal activities and return to school the day after surgery.
- No physical education class or organized team sports until cleared by our office.
- Do not do anything that may cause your ears to “pop”. DO NOT BLOW YOUR NOSE. If you sneeze you must sneeze with your mouth and nose open. Sneezing with your mouth or nose closed may disrupt the patch created during surgery. Do not sneeze with your mouth or nose closed until cleared by our office.
- No airplane travel for 6 weeks following surgery.
• You should have your first post-operative follow up appointment between 1-2 weeks following surgery. A second follow up appointment usually occurs around 6 weeks post operatively.

• Contact our office with any questions or concerns or if the following warning signs occur:
  o Temperature above 102 degrees F.
  o Severe dizziness, headache, or intractable vomiting.
  o Facial paralysis (uneven smile, inability to close one eye, etc).

Post-operative Appointment: There will be several post-operative phone calls made by our staff to you after the surgery with specifics questions about your child’s recovery. Therefore, it is very important that our office has your current phone numbers.

These are general recommendations and representations, and may not be appropriate for every individual, patient, or situation. For any questions please consult with your physician. If you have any questions, concerns, or problems, please don’t hesitate to call our office at (904) 398–KIDS (5437).

Updated 2/10