



Randall S. Lomax D.O.

POST OPERATIVE PATIENT INFORMATION

Myringotomy/Tympanostomy

*** If Adenoidectomy was also done, please use Tonsil Instruction Sheet. ***

- A. Activities - Limited due to the surgery only as related to "Special Precautions".
- B. Diet - Clear liquid, advance as tolerated to a regular diet.
- C. Medications - You may receive prescriptions for medications to be taken after surgery; for best surgical result, take all medications as directed. Pain after surgery is usually minimal and should be controlled with Tylenol (liquid or tablets) taken as instructed on the package.
- D. Special Precautions:
1. **Keep water out of the operated ear(s).**
 - a. Bathing - **Ear plugs** should be used when bathing or shampooing. Do not submerge your head, even with ear plugs in place, as entry of water may not be totally occluded by the plugs.
 - b. Swimming - Be cautious. Always use ear plugs when in a pool or participating in water sports while ventilating tubes are in place.
 - c. Literature has now pointed out that you may swim in clean water or clean swimming pools; however, diving is still restricted. If you experience any kind of infection or problems, the swimming should be stopped. No diving, skiing or other such type activities are allowed.
 2. **Keep objects out of the ears.**
 3. Anyone having a general anesthetic should not participate in any activity requiring mental alertness, physical coordination, or balance, e.g., driving, bicycling, etc., for 24 hours after the anesthetic.
 4. Avoid alcoholic beverages for 24 hours following your anesthetic.
 5. Avoid nose blowing for one week following surgery. This may disrupt any work done on the ear drum.
 6. Avoid cigarette smoking or exposure to smoke-filled environment. If you are a smoker and wish to stop, we have information to assist you.



advanced
EAR, NOSE & THROAT
head and neck surgery

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E. Communications - Report any problems such as ear pain, foul-smelling ear drainage, hearing loss, dizziness, and/or fever to the office.

1. Drainage - A small amount of odorless clear or red-tinged drainage may be evident in the first 24 to 48 hours after surgery. It is not uncommon and requires no special attention. Foul-smelling drainage may indicate an ear infection and an examination and treatment are usually necessary. Call the office to notify them of this problem.
2. Hearing - Hearing is generally improved immediately after surgery and continuing improvement may be noted for several days. If hearing does not improve or if hearing loss reoccurs, then an examination will be necessary.
3. Fever - A slight temperature elevation may accompany this surgery. A moderate to high temperature (oral temperature over 101 degrees) may indicate an ear infection and will require examination and possible treatment.
4. Dizziness and excessive ear pain do not usually accompany this surgery. Should these symptoms occur, an examination will be necessary.
5. If you were prescribed ear drops, place 4 drops in the affected ear/ears twice daily for 3 days. Discontinue the drops if they are causing pain and contact the office to make an appointment to be examined.

F. Follow Up - Schedule your first postoperative follow-up visit approximately one week from the date of your surgery. Call the office to arrange the date and time, if this was not scheduled during your preoperative visit.

G. Results - The tube(s) in the ear drum will aid in maintaining the best possible hearing in the operated ear(s) and in preventing the reappearance of fluid behind the eardrum. If a tube(s) becomes blocked, or is displaced out of the ear drum head, the original problem may reappear unless the eustachian tube, the body's built-in ventilation tube, has healed and has assumed this function.

If you are uncertain about any of the above items or have any questions, please contact our office at (702) 834-5886 from 8:00 a.m. to 5:00 p.m. Monday through Friday. After hours, if you have an emergency, go to the emergency room or call the office number and you will be connected to the on-call physician.

My postoperative instructions have been explained to me, I understand their meaning and a copy has been given to me.

Patient/Family: _____

Date: _____

Nurse: _____