

TYMPANOPLASTY WITH OR WITHOUT A MASTOIDECTOMY

Why is this recommended

The doctor does a tympanoplasty by going through the ear canal or through a cut made behind the ear.

A tympanoplasty does one of two things:

- Fix a hole in the ear drum.
- Take out a skin cyst in the ear called a cholesteatoma.

A mastoidectomy is done to:

- Remove infection from the bone behind the ear.
- Remove skin from the bone behind the ear.

What to expect after surgery

It's common for your child to have some of the following symptoms after their surgery:

- Bruising above the eyes and around the corner of the mouth.
 - » Tiny needles are used to check the nerves in the face during surgery. This can cause bruising.
- Mild to moderate pain deep in the ear or jaw pain for 1 to 7 days.
- Dizziness for up to 3 days.
- Changes in how things taste.
 - » The taste nerve can get irritated during surgery. This can cause changes in how things taste. This usually goes back to normal.
- Nausea.
- Vomiting (usually happens in the first hours after surgery).
- Bloody drainage from the inside of the ear this is normal for the first few days.
- Feeling like the ear canal is full.
- Having a hard time hearing on the surgery side.
 - » This is from the packing the doctor put in the ear canal.

Normal tympanic membrane









Home Care

- The doctor will give you directions on when and how to take off the bandages.
- If a cut was made behind your child's ear for surgery:
 - » There will be a dressing that wraps around their head.
 - » You can take this off 24 hours after the surgery.



- There are steri-strips on the cut behind the ear.
 - » Keep these dry.
 - » The provider will take them off at your follow-up appointment.
- » After the steri-strips are off, you can carefully clean the area with soap and water while taking a bath or shower.
- Put a clean cotton ball in the ear to collect the drainage for 6 or 7 days after surgery.
 - » You might have to change the cotton ball 3 to 4 times a day for the first few days.
 - » Do not take out any packing that the doctor put deeper in the ear during surgery.
- Make sure to keep the ear canal dry. Put petroleum jelly on a cotton ball and put it in the ear before taking a shower or bath. This prevents water from getting in the ear.
 - » Do not put their head fully under the water.
- Remind your child:
 - » Not to blow their nose for 4 weeks.
 - » Keep their mouth open if they sneeze.
- Give medicine exactly as directed by your doctor.
- If the doctor gave a prescription for pain medicine:
 - » This is a narcotic with the right dose for your child based on how much they weigh.
 - » Follow the instructions when giving the prescribed pain medication. Giving too much can cause trouble breathing, nausea, and constipation.
 - » Only give this medicine if your child is having pain that does not get better with over-the-counter medicine like ibuprofen and acetaminophen (Tylenol).
 - » Do not wake your child to give them the prescription pain medicine because it can make them too sleepy.
- If the doctor did not prescribe pain medicine, you can give an over-the-counter medicine like ibuprofen or acetaminophen.
 - » Follow the dose directions on the box.
- Your child can go back to school when the pain is gone and they are eating and sleeping well.
 - » This might be 1 to 2 days after surgery, but usually takes 3 to 5 days.
 - » They cannot do any rough activities (PE, recess, sports, rough play) for 3 to 5 weeks.
- No swimming, diving, or getting the ear wet until the ENT care team says it's ok.

Call (816) 234-3040 or message ENT using the patient portal if your child has:

- A lot of vomiting or vomiting after the first day after surgery.
- Fever higher than 102F (38.9C).
- Ear pain that does not get better with pain medicine.
- More than a few drops of blood coming out of the ear canal or cut 4 days after surgery.
- Feeling like they are spinning more than 2 or 3 days after surgery.
- Redness, drainage, or swelling from the incision.
- Pus drainage coming out of the ear canal.
- Bad smells coming from the ear.

Go to the Emergency Department if your child:

- Is more sleepy than normal.
- Has trouble waking up.
- Is dizzy and cannot walk.
- Has face weakness on the side of the surgery.



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