

**Michael J. Fucci, MD**

*Specializing in Diseases  
Of the Ear, Hearing,  
Balance & Skull Base:  
Adult & Pediatric*

*Fellowship Trained In  
Neurotology & Skull Base  
Surgery*

*Board Certified in  
Subspecialty of Neurotology  
by American Board  
of Otolaryngology*

*Board Certified in  
Otolaryngology by  
American Board of  
Otolaryngology*

*American Academy of  
Otolaryngology -  
Head & Neck Surgery*

*American Medical Assoc.*

*American Neurotology Soc.*

**Ashleigh Lewkowitz, Au.D.**  
**CCC- Audiology**

**Beth Gautereaux, Au.D.**  
**CCC- Audiology**

**Lindsay Shroyer, Au.D.**  
**CCC-Audiology**

## **Arizona Hearing & Balance Center**

### **POSTOPERATIVE INSTRUCTIONS FOR EAR SURGERY**

- Please follow up in the office with Dr. Fucci in 10-14 days. You have already been scheduled for a post-operative appointment on DATE: \_\_\_\_\_ TIME: \_\_\_\_\_. If you cannot make this appointment, please call the office at (480) 558-5306 to reschedule as soon as possible.
- Dizziness and/or imbalance is very common after surgery. This symptom usually resolves in most cases within 7-10 days. You may be especially sensitive to movement and experience symptoms similar to seasickness. This is not unusual and in most cases will resolve on its own.
- The hearing in your ear is usually worse immediately after surgery. The ear is filled with packing and this prevents sound from entering the ear. The middle ear is often packed and its sound-conducting mechanism is impaired. You may have noises in your head or a squishing, crackling, or hollow sound. These findings are normal and they may take weeks to resolve. Do not be alarmed by decreased hearing in your ear.
- You should do no bending, lifting (nothing heavier than a telephone book), straining, or nose blowing for at least two weeks after the surgery. Try to avoid coughing and sneezing as best as you can. The eardrum can be damaged, the eardrum graft displaced, the ear bones displaced, or the inner ear fluid disrupted from vigorous activity, so be sensible with your activity levels.
- Expect pain in the ear and head and possible swelling. Analgesics or pain pills have been prescribed, and you may use them as needed. Sometimes the narcotic in the pain pill will cause stomach upset and regular Tylenol can be substituted. Motrin up to 600mg every four to six hours is also an acceptable alternative.
- If you went home on the day of surgery and you have a dressing on your head, remove the dressing the morning after surgery. If the dressing falls off before the next morning it is usually not an issue, but call if there is significant swelling behind the ear or significant bleeding. Expect to see a significant amount of blood on the dressing when the dressing is removed. **DO NOT** remove the white tape behind the ear and **DO NOT** remove any sponge-like material that is in the ear canal.

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- [] You have an incision behind your ear. **DO NOT** remove the tape over the incision. You can get the incision wet in three days, but do not get any water in the ear canal.
  
- [] The opening of your ear canal was made larger during the surgery. There are several sponges that are used as a stent to hold the ear canal open. **DO NOT** remove these sponges or get them wet. They may appear to be bloody - this is normal. Keep clean cotton over the top of the sponges and change the cotton as often as needed.
  
- [] You have an incision on your arm. You can remove the dressing from your arm in three days, but keep the white tape on until you return to the office. You can get the tape and the incision wet in three days; do not vigorously scrub the arm, just let the water run over it.
  
- [] It is critical that **NO WATER** enter your ear canal. Use petroleum jelly on cotton to keep the water out when showering. **DO NOT** submerge your head under water. Water can get underneath or into the incisions in the ear canal and cause infection, hearing loss, and dizziness. Always keep clean, dry cotton in your ear. Expect the cotton to stain with blood and to require frequent changing. This is normal and need not concern you.

Every effort has been made to perform the best operation for your particular disease and to inform you of exactly what was done and how to care for your ear. However, all questions and concerns cannot be anticipated and we urge you to call us at (480) 558-5306 if there are any unclear issues regarding your surgery.