

Michael J. Fucci, MD

Arizona Hearing & Balance Center

*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

POSTOPERATIVE MYRINGOTOMY AND VENTILATION TUBE INSTRUCTIONS

Name: _____ Date: _____

Please follow these instructions when you go home. The nurse will go over the information and answer any questions.

DIET

Resume previous diet.

PHYSICAL ACTIVITIES

No Restrictions.

BATHING

When showering, bathing, or washing hair place a piece of dry, clean cotton in the ear(s) and then smear the cotton with Vaseline. If you prefer, you may wear an ear plug. You can purchase silicone plugs at your local pharmacy.

WORK OR SCHOOL

You may return to work or school the day after surgery.

INCISION CARE

Report to the doctor any unusual discomfort or unusual drainage or bleeding. Slight bloody drainage from the ear is not uncommon over the first day or two. Call the doctor if pain continues beyond the second day.

DROPS

Place 3 drops in each ear 3 times a day for 3 days.

FOLLOW-UP CARE

You are to be seen in the office for follow-up within 10-14 days of your surgery date. You have already been scheduled for a post-operative appointment. Your appointment is:

DATE: _____ TIME: _____

A hearing-test may be done at that time if necessary. If you cannot make this appointment, please call the office as soon as possible (480)-558-5306 to reschedule.

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ADDITIONAL INSTRUCTIONS

If the tube comes out before it is removed in the office, it is usual to notice some discomfort or bleeding for a day.

Swimming is allowed, but only if you wear an ear plug and cap. Please speak with the doctor before purchasing your plugs.

Patient or family has been instructed and given a copy of this information.

Signature of Nurse

Signature of Physician