



# Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY  
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD  
North Charleston • West Ashley

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*Low Country ENT is happy you have chosen us to assist you and your family in obtaining your healthcare needs. The following packet is to help you further understand your future surgical procedure as well as the pre-operative and post-operative course. Please do not hesitate to contact us with any further questions or concerns.*

*You or your child has been scheduled for Tympanomastoidectomy and/or Ossicular Chain Reconstruction.*

*I will be contacting you with the day, time and location of the scheduled procedure.*

*Please do not hesitate to contact me at (843) 863-1188 if you have any additional questions or concerns. We look forward to continue working with you to meet your healthcare goals.*

*Sincerely,*

*DeAnna Pittman  
Surgery Coordinator*



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Before you leave today, please verify **IF** you are required to undergo a Physical Exam from your Primary Care Physician and/or Cardiologist.

If you do need to get a physical, we will need a copy of the exam and pre-operative clearance faxed to our office. Fax no.: (843) 863-8286.

You are required to get pre-physical clearance and EKG from your primary care doctor if you are over 50 years old or have any of the conditions listed below:

- High blood pressure (above 140/90), which is not controlled on your current medications
- Asthma (wheezing or shortness of breath)
- A history of cardiac illness (heart attack, heart disease, chest pain)
- Sleep apnea
- Diabetes
- Pregnancy
- Taking blood thinners (Coumadin, Plavix)
- Any other serious medical condition that requires ongoing medical care

If a physical has been performed in the last year, this is acceptable unless there have been any health issues related to your heart. We also ask that you have some basic blood work performed.

If you have any other health issues, please ask us and we will address them with you on an individual basis.

You should plan on taking your medications the day of the surgery with a small sip of water. If you use lung inhalers, use them at the same time of day you do normally and bring them with you to the surgery center.



## ***Description of Procedure and Pre-operative Instructions: Tympanomastoidectomy with possible OCR***

### *Description of the Procedure:*

This procedure is performed by making an incision behind the ear. The mastoid air cells are opened up using a drill. Any disease in the middle ear is then removed. The eardrum is lifted up and a graft (tissue taken from under the skin near the temple) may be used to patch the eardrum if there is a perforation. A prosthesis may be placed to reconstruct the middle ear bones. Packing is then placed in the middle ear and the incision is closed with dissolvable sutures. A pressure dressing will then be applied to reduce swelling.

### *Pre-operative Instructions:*

1. Nothing to eat or drink after midnight the night prior to surgery. This includes water, breath mints or even chewing gum. Having food in your stomach can create a risk during surgery.
  - The anesthesiologist will call you the night prior to surgery to answer any further questions.
2. NO Aspirin or aspirin products, including ibuprofen, 1 week prior to surgery. If you take other medications, please consult your Primary Care Physician to determine if and when you should stop taking those medications prior to surgery.
3. No make-up or jewelry should be worn the day of surgery. Wear loose fitting clothing the day of surgery. Please leave all valuables at home.
4. Bring your health insurance card and insurance forms with you.
5. You will need someone to drive you home after the procedure.



## ***Risks & Complications of Surgery: Tympanomastoidectomy with possible OCR***

- 1. Bleeding.** This is very rare complication of ear surgery.
- 2. Infection.** Ear infection may develop following ear surgery. It is easily controlled with antibiotics in most cases.
- 3. Loss of Hearing.** Permanent hearing loss following tympanomastoidectomy can occur.
- 4. Tinnitus.** Tinnitus (head noise) may remain the same as before surgery. In some patients, tinnitus may improve.
- 5. Facial Nerve Injury.** The nerve that moves the musculature of half of the face runs through the middle ear. There is a rare possibility that this nerve could be injured, resulting in decreased mobility of the face.
- 6. Taste Disturbance.** A nerve that controls part of the taste to the tongue can potentially be injured. If this occurs, you may notice a metallic taste that should improve in time.
- 7. Dizziness.** This may occur in the post-operative period, but usually improves with time.
- 8. CSF Leak.** The brain sits just superior to the mastoid air cells. Rarely the dura, the covering of the brain, may be violated. This can lead to a CSF leak that may require further procedure(s).
- 9. Risk of Not Undergoing Surgery.** After careful evaluation by your physician, it has been determined that surgery is your best course of action. Please note that declining this procedure may be harmful to your health.



## ***Post-Operative Instructions: Tympanomastoidectomy with possible OCR (ossicular chain reconstruction)***

### **1. Dressing:**

- You may remove your mastoid pressure dressing 24 hours after surgery.
- All sutures are under the skin and are self-dissolving. There may be steri-strips covering your incision, leave these in place until you see your surgeon.
- Some blood stained discharge from the ear is expected following surgery.
  - Change the cotton ball dressing as needed.

### **2. Activity:**

- Avoid getting water into the ear.
  - Use a cotton ball with Vaseline in the ear canal to protect the ear from getting wet while bathing.
  - You may wash your hair 48 hours after surgery, but keep ear dry.
  - No swimming.
- Do not blow your nose for three weeks following surgery.
- If it is necessary to sneeze, do so with your mouth open.
- NO heavy lifting (over twenty pounds) in which you use your abdominal muscles.
- Avoid straining, such as with bowel movements
- No flying until released by your surgeon.
  - Usually three weeks.
- Some patients may experience dizziness after surgery.
  - If this occurs, avoid driving, climbing or operating hazardous equipment until your balance has stabilized.
  - Call the office for an anti-nausea medication if needed.

### **3. Diet:**

- After surgery, start oral intake slowly with clear liquids. This is to ensure you are not nauseated after anesthesia.



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- Fever is usually due to lack of enough liquids. Encourage drinking.
- Call the office if the temperature is greater than 101.5° or if the temperature persists.

#### **4. Medication:**

- Pain medication will be given to you by your surgeon. If pain is mild, Tylenol should help. **ABSOLUTELY NO ASPIRIN PRODUCTS.**
  - Pain medication may cause constipation. Take stool softeners as needed.
- At the time of your post-operative visit, you may be given a prescription for an ear drop. This will help dissolve the packing, thus increasing the drainage from your ear.
- Take antibiotics, if prescribed by your surgeon.

#### **5. Hearing:**

- Hearing may be initially worse right after surgery. This is due to the packing in the ear.
- As you heal, you will start to hear “popping” and “crackling”. This is a normal part of the healing process.

#### **6. Follow-up:**

- An appointment will be scheduled 1-2 weeks after surgery.
- You will be seen periodically throughout the healing process and a hearing test may be performed once you are fully healed.

#### **7. When to call:**

- Increasing redness or pain around the incision site.
- The presence of foul-smelling drainage from the ear.
- Progressive or severe dizziness.