



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

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 Stapedotomy.

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.



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Description of Procedure and Pre-operative Instructions: Stapedotomy

Description of the Procedure:

This procedure is performed through the ear canal. The eardrum is lifted up and the stapes bone is removed. A prosthesis is then placed. A vein graft may or may not be taken from your hand. Packing is then placed in the ear canal and a dressing is placed.

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: Stapedotomy

- 1. Bleeding.** This is very rare complication of ear surgery.
- 2. Infection.** Ear infection may develop following ear surgery.
- 3. Loss of Hearing.** Further hearing loss develops in two percent of patients due to complications in the healing process. In one percent, this hearing loss is very severe and may prevent the use of an aid in the operated ear.
- 4. Eardrum Perforation.** A perforation, or hole, in the eardrum membrane develops in less than one percent. This normally heals on its own.
- 5. Tinnitus.** Tinnitus (head noise) may remain the same as before surgery. In some patients, tinnitus may improve.
- 6. 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.
- 7. Taste Disturbance.** A nerve that controls part of the taste can potentially be injured. You may notice a metallic taste that should improve in time.
- 8. Vertigo.** Some unsteadiness is common during the first few postoperative days. Dizziness on sudden head motion may persist for several weeks. This should improve with time.
- 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: Stapedotomy

1. 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. No swimming.
2. Some blood stained discharge from the ear is expected following surgery.
 - Change the cotton dressing as needed.
3. Do not blow your nose for three weeks following surgery.
4. If it is necessary to sneeze, do so with your mouth open.
5. NO heavy lifting (twenty pounds) in which you use your abdominal muscles.
 - Avoid straining, such as with bowel movements
6. No flying until released by your surgeon.
7. If dizzy, an anti-nausea medication will be given to you.
8. 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.
9. Pain medication will be given to you by your surgeon. If pain is mild, Tylenol should help. ABSOLUTELY NO ASPIRIN PRODUCTS.
10. After surgery, start oral intake slowly with clear liquids. This is to ensure you are not nauseated after anesthesia.
11. Hearing may take 3-6 weeks to improve, do not worry if hearing is still decreased immediately after surgery. You will be evaluated by your surgeon in follow-up in 1-2 weeks.