

Your Care at Home After a Mastoidectomy

What is a mastoidectomy?

A mastoidectomy is a surgery done on the temporal bone structures to remove the parts with chronic disease. This can also be done to gain access to problems deeper in the ear and skull.

What to Expect

You may feel some incision pain, ear pressure or headache. Because your jaw is close to your ear, you may have soreness or stiffness when you move your jaw. If you have soreness in your jaw, you may find it easier to eat with soft foods.

You will have an incision behind or above the affected ear. You may also have some numbness in the area which may last for months.

You may have a cup like dressing over the affected ear. The dressing will be held in place with a Velcro headband. Under the cup like dressing, you will have a cotton ball in the bowl of your ear. You may have packing inside your ear canal. The packing may dissolve, or it will be removed at your first follow-up visit. **Do not try to remove the packing.** Packing may look dark red or black on the cotton ball, this is normal.

You may have blood-stained drainage from your ear for a few days or up to 2 weeks. If you have had a “canal wall down” procedure, you may have more drainage from your ear for up to 3 months.

Some people feel dizzy. This will usually only last about a week.

You may have some taste changes when eating.

You may hear some popping or crackling noises. This is normal.

The dressing, any packing, or swelling may make it harder to hear. You still may have improvements in your hearing 3-6 months after surgery.

Care After Surgery

You will be given a prescription for opioid pain medicine to use as needed. You can also use Tylenol (acetaminophen). Do not use a NSAID such as ibuprofen, Advil, Motrin, Aleve or naproxen unless your doctor tells you it is okay. Use a stool softener if you are taking an opioid pain medicine. Do not drive or drink alcohol while taking opioids.

If you have a Velcro type headband holding your dressing in place, it should be left in place the first night after surgery. You can loosen the band and reattach it if it feels too tight.

The incision behind your ear can get wet after **two** days, but you must keep water out of your ear until told by your doctor. This may be for 1-3 months. When you shower, put a petroleum (Vaseline)[®] covered cotton ball in the bowl of your ear to seal the canal and keep your ear canal dry.

Use ear drops as directed by your doctor.

Limits

- For the next 48 hours, raise your head at least 30° when you lie down. Use at least 2 pillows. Do not lie on the side of your treated ear.
- Avoid quick head movements.
- Avoid strenuous activity for 4 weeks or as your doctor tells you. No jogging, aerobics, or lifting greater than 25 pounds. No swimming for at least 2 months or until your doctor tells you it is okay.
- Do not blow your nose for 1 week. After 1 week, if you must blow your nose, do it gently one side at a time to avoid pressure on your ears.
- For the first week, sneeze or cough only with your mouth open.
- Check with your doctor about air travel. It is often about 4-6 weeks before you will be able to travel by air.

When to Call

- Signs of infection:
 - Redness
 - Swelling
 - Increased pain
 - Foul-smelling pus-like drainage
- Bleeding that soaks through 6 gauze dressings or cotton balls in one hour
- Fever greater than 100.5° F, taken by mouth
- Pain that is not relieved by medicine
- Sudden dizzy feeling
- A large decrease in your hearing
- Weakness of the face or facial droop

Who to Call

ENT Clinic at UW Hospital
(608) 263-6190

ENT Clinic
1 S. Park Street
(608) 287-2500

After 5:00 pm, weekends, or holidays, the clinic number will be answered by the operator. Ask for the ENT doctor on-call. Leave your name and phone number with the area code. The doctor will call you back shortly.

Toll Free: **1-800-323-8942**.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4850