Your Home Care After Labyrinthectomy

This handout explains how to care for yourself at home after labyrinthectomy,

During a labyrinthectomy, your surgeon removes a portion of the inner ear that controls your balance function. The most common reason for a labyrinthectomy is to treat Meniere's disease. Other forms of inner ear damage may be treated with a labyrinthectomy. This surgery will be done only if you already have near-total or total hearing loss in your affected ear.

Your cochlea (hearing organ) will not be removed so that it may be used for a future cochlear implant, if needed.

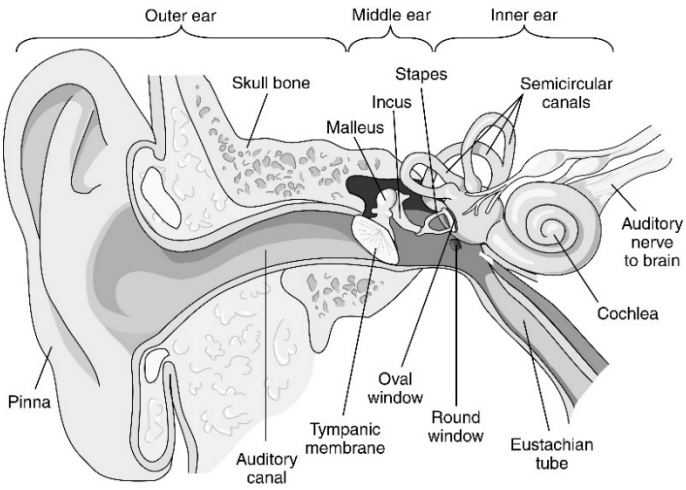
What to Expect After Surgery

- Expect to spend 2-3 days in the hospital.
- You can expect to come out of surgery with an incision behind or above your ear, and a dressing over your ear and head.
- You will come back for a follow-up visit in about 5 weeks.

Side Effects

Common side effects after surgery include:

- Headache
- Numbness near the incision that may last for months
- Less vertigo attacks, but you may have balance problems for 4-6 weeks while your other ear learns to help with balance; you may work with a physical therapist to manage symptoms
- No hearing in the surgery ear
- Changes in taste for a few months



Incision Care

Your large ear dressing will be removed the day after surgery. The incision behind your ear is closed with stiches that dissolve. Check your incision for:

- Redness spreading from the incision
- Increased swelling
- Increased tenderness
- Warmth at the incision site
- Pus-like drainage from the incision

The incision can be exposed to water 2 days after surgery**. Avoid** direct shower spray on your incision and do not swim until the incision is totally healed.

Activity Restrictions

You will be off work for 4-6 weeks. It will depend on what kind of work you do. Your doctor will give you specific instructions about going back to work.

- **Avoid** heights and ladders for at least 1 month or until your balance improves.
- **No** jogging, aerobics, contact sports or lifting more than 10 pounds for at least 4 weeks.

- Keep your head raised at least 30º when you lie down for the first 1-2 weeks. **Do not** lie on the side of your surgery until your doctor clears it.
- **Do not** blow your nose for 1 week. After a 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 after surgery, open your mouth when you sneeze or cough. **Do not** hold back a sneeze.
- In about 4 weeks you can travel by air. Check with your doctor first.
- **Avoid** constipation and straining in the bathroom. You will be given a stool softener to use while you are taking the pain pills.
- **Do not** drive or drink alcohol while taking any pain pills.

When to Call

Call the clinic if you notice:

- Bleeding that soaks a gauze dressing in 10 minutes or less and lasts for one hour
- Fever over 100.5º F by mouth, checked 4 hours apart
- Pain not relieved by pain medicine.
- Any signs of infection.
- Weakness of the face or facial droop.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, please visit http://www.uwhealth.org/.

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 © 6/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7867.