Health Facts for You



Your Home Care After Labyrinthectomy

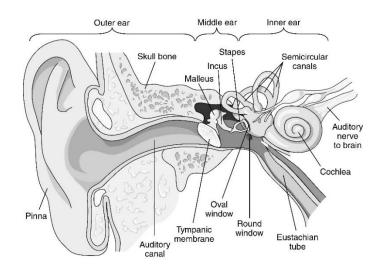
Labyrinthectomy

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

- You 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.
- Common side effects include:
 - Headache.
 - Numbness around your incision which may last for months.
 - Surgery stops vertigo attacks, but you will have trouble with balance for 4-6 weeks after surgery while your other ear learns to make up for your loss of balance. You may work with a physical therapist to help you manage your symptoms.
 - You will not have hearing in your surgical ear.
 - You may notice a change in how things taste for a few months.
- You will come back for a follow-up visit in about 5 weeks.



Incision Care

- Your large ear dressing will be removed the day after surgery. The incision behind your ear is closed with stiches that dissolve.
- 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.
- Check your incision for:
 - Redness spreading from the incision
 - Increased swelling
 - o Increased tenderness
 - o Warmth at the incision site
 - Pus-like drainage from the incision

When You Go Home

- 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 25 pounds for at least 4 weeks.
- Keep your head raised at least 30° 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

- Bleeding that soaks a gauze dressing in 10 minutes or less and lasts for one hour.
- Fever over 100.5° 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 or problems once you are home, please call the ENT clinic at (608) 263-6190 or toll free 800-323-8942, weekdays from 8 am to 5 pm. The clinic RN will return your call.

After hours or weekends, the paging operator will answer the clinic number and will have an ENT doctor call you back.

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 © 5/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7867.