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MACARTHUR ENT

Cochlear Implant Surgery – Recovery Guide

Most patients recover well after cochlear implant surgery. Keep the wound clean and dry for one week, take your prescribed antibiotic, and contact us promptly if symptoms are worsening rather than improving.

1. Head Bandage and Going Home

A firm head bandage is placed after surgery to reduce swelling and bruising. It can be removed the next morning. Depending on your age, health and recovery from the anaesthetic, you may go home the same day or stay overnight. Gentle walking is encouraged once you are steady and safe.

2. Wound and Steri-Strip Care

The wound behind the ear is closed in several layers using dissolvable Vicryl and Monocryl sutures, then skin glue to improve the water resistance of the closure. Steri-Strips are placed over the wound. Keep the wound and Steri-Strips clean and completely dry for one week. At one week, gently remove the Steri-Strips. You may then gently wet the wound and wash your hair, but do not scrub the area; pat it dry. Contact Macarthur ENT if the wound opens, becomes increasingly red or swollen, develops discharge, or if you have any concerns.

3. Antibiotics

Take Augmentin DF (amoxicillin–clavulanate) as prescribed for one week and complete the course unless you are advised otherwise. If you develop a possible allergic reaction, such as hives, facial swelling or breathing difficulty, stop the medication and seek urgent medical care. Contact us if diarrhoea or other side effects are significant.

4. Pain Relief

Paracetamol and ibuprofen are often sufficient for discomfort after cochlear implant surgery. Your ENT surgeon and your anaesthetist will discuss the most appropriate medicines and doses for you or your child. Take only as directed, and avoid taking multiple products that contain paracetamol.

5. Balance, Dizziness and Feeling Tired

Temporary dizziness, imbalance, nausea or unusual sounds can occur after surgery. If your balance is affected, it can take a while to feel fully back on your feet. Move slowly, use support when walking, avoid driving, ladders and other fall risks, and have an adult nearby until you are steady. Symptoms should gradually improve; contact us for severe, worsening or persistent vertigo, repeated vomiting, new neurological symptoms or inability to walk safely.

6. Blood from the Nose or Mouth

A small amount of blood from the nose or in the mouth is expected during the first few days. Blood from the middle ear can travel down the Eustachian tube to the back of the nose and throat after surgery. This should reduce rather than increase. Seek urgent help for heavy or ongoing bright-red bleeding, repeated vomiting of blood, breathing difficulty, or if you feel faint or unwell.

7. Activity and Nose Blowing

Rest for the first few days, then gradually increase gentle activity as your balance and energy allow. Avoid strenuous exercise, heavy lifting, straining and forceful nose blowing during the early recovery period. Sneeze with your mouth open. Ask your ENT surgeon before flying, swimming, contact sport or returning to physically demanding work.

8. CT Scan for Adult Patients

Adult patients will usually have a CT scan after surgery to check the position and insertion of the electrode array and its relationship to the chambers within the cochlea. It also provides a useful baseline scan if questions or problems arise in the future. Your ENT surgeon will review the result with you if anything requires discussion.

9. Switch-On and Audiology

The implant is not active immediately after surgery. Switch-on will usually occur 2–3 weeks later and will be coordinated with your audiology team. Hearing with the implant develops through mapping, listening practice and rehabilitation; it does not usually sound natural straight away.

10. Follow-up

Your ENT surgeon will review the wound approximately 2–3 weeks after surgery, again around 3 months after switch-on, and at 12 months after switch-on. Your audiology team will arrange switch-on and mapping appointments. Please contact us sooner if you have any concerns rather than waiting for the next planned review.

When to seek urgent medical help

- Breathing difficulty, facial swelling, hives or another suspected serious allergic reaction.
- Heavy or persistent bleeding from the nose, mouth or wound.
- Rapidly increasing swelling, severe pain, spreading redness, offensive discharge, wound opening or high/persistent fever.
- Severe or worsening vertigo, repeated vomiting, fainting, new weakness, facial droop or inability to walk safely.
- Any sudden or significant change that makes you feel seriously unwell.

Implant card, MRI and future procedures

Keep your cochlear implant identification card and show it before any MRI or future procedure. Cochlear implants are MRI-conditional, so the radiology service must confirm the exact device requirements before scanning. Tell future doctors and dentists that you have a cochlear implant; monopolar diathermy should not be used near the implant or above the shoulders without specialist advice.

General information only; please follow the individual advice from your surgeon, anaesthetist and audiology team.