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MACARTHUR ENT

Exostoses Surgery Recovery Guide

Surfer's ear surgery — post-operative information

This sheet explains what to expect after surgery to remove bony growths (exostoses) from the ear canal, often called "surfer's ear", and when to seek help.

What was done

Bony growths narrowing the ear canal were removed with a drill, an osteotome (a fine chisel), or both. The operation may be performed through the ear canal or through an incision behind the ear. Packing or a dressing is usually placed in the canal, and there may be dissolvable or removable stitches.

What to expect in the first few weeks

- Ear packing commonly stays in place for 1–2 weeks and is removed at a follow-up visit. Do not pull it out or remove it early.
- Dull pain, pressure or fullness, and reduced or muffled hearing are expected while the packing is in place.
- Mild swelling, bruising or numbness around and behind the ear can occur and usually improves over several weeks.
- A small amount of drainage or blood-stained fluid on the outer dressing is normal for the first few days.

Caring for the ear

- Keep the operated ear completely dry until your ENT surgeon confirms that it has healed—usually at least 4–6 weeks. Do not swim, surf or submerge your head.
- For showering, place a cotton ball coated with petroleum jelly at the outer ear opening. Use a waterproof earplug only if your ENT surgeon has approved it and it does not enter or press on the healing canal.
- Do not place cotton buds, fingers, earbuds or any other object into the ear canal.
- If there is an incision behind the ear, keep it clean and dry and follow the specific dressing and stitch instructions you were given.

Protect the packing

- If the packing slips out, do not push it back in. Contact Macarthur ENT for advice.
- Do not use ear drops unless they have been prescribed for this operation.

Activity and pressure precautions

- Avoid strenuous exercise, straining and heavy lifting for about 1–2 weeks, or for longer if your ENT surgeon advises.
- Avoid flying, diving and forceful nose-blowing until you have been cleared. Pressure changes can affect the healing ear canal and eardrum.
- If you need to sneeze or cough, keep your mouth open. Avoid contact or water sports until the ear has healed.

Medicines

- Take pain relief and any prescribed antibiotic ear drops or oral antibiotics exactly as directed.
- Resume aspirin, anticoagulants or other blood-thinning medicines only according to the plan agreed with your surgeon and prescribing doctor. Do not stop prescribed anticoagulation without medical advice.

Follow-up and canal cleaning

Attend every scheduled visit for packing removal and careful cleaning of the canal. These checks are an important part of healing and help reduce scar-related narrowing. Do not try to clean the operated canal yourself.

Possible complications

Most patients recover well. Recognised risks include:

- Infection or delayed healing of the delicate skin lining the ear canal.
- A small hole in the eardrum. Across published studies this occurred in about 5.3% of osteotome-treated ears and 3.8% of drill-treated ears; many small perforations heal, but some need repair.
- Inner-ear (sensorineural) hearing loss. Published pooled rates were about 0.7% with osteotomes and 4.3% with drills; the amount of hearing change varied and substantial loss is uncommon.
- Scar-related re-narrowing of the canal (stenosis). Published pooled rates were about 1.1% with osteotomes and 4.1% with drills. Follow-up cleaning, and sometimes a graft or stent, helps reduce this risk.
- Facial weakness is very rare. Exostoses can slowly recur years later, particularly with ongoing cold-water and wind exposure.

These figures are averages from different surgical series, not a prediction of your individual risk. Your technique and risk profile will be discussed with you.

Contact Macarthur ENT urgently if you develop:

- Severe or worsening pain that is not controlled by the prescribed medicine.
- Fever, spreading redness or swelling, or foul-smelling drainage.
- New facial weakness or drooping on the operated side.
- Sudden or significant hearing loss, or new severe dizziness/vertigo.
- Packing that falls out early, an incision that opens, or bleeding that is heavy or does not settle.

Preventing surfer’s ear from returning

- Only return to swimming or surfing after your ENT surgeon confirms the canal has healed.
- Use well-fitted, vented water-sports earplugs that reduce cold water and wind exposure while allowing sound through (for example, SurfEars). Another option is a suitable swimming plug such as Doc’s Proplugs.
- If standard plugs loosen or fall out, an audiologist can make custom-moulded silicone swim plugs.
- In cold or windy conditions, add a neoprene surf hood or cap for extra warmth and protection.

Drying the ears after water sports — once fully healed

- Tilt your head to the side and gently pull the earlobe in different directions to let trapped water drain. Do not insert anything into the canal.
- A hairdryer may be used on its coolest, lowest setting, held well away from the ear.
- Do not use alcohol-based drying drops during the healing period. After healing, use them only if your ENT surgeon confirms the eardrum is intact and they are suitable for you.
- Never use cotton buds: they can injure the skin, push debris deeper and trap moisture.

Evidence note

The complication estimates above come from a 2023 systematic review of 15 studies (1,788 operated ears). Long-term research shows recurrence can occur years later and supports continued ear protection. Post-operative timing varies with the operation performed, so your surgeon’s instructions take priority.

Sources: Swisher AR et al. Ann Otol Rhinol Laryngol. 2023;132(10):1175–1184. PMID 36635864. Timofeev I et al. Clin Otolaryngol. 2004;29(6):588–594. PMID 15533142.