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MACARTHUR ENT

Keyhole Ear Surgery Recovery Guide

Post-operative information for patients and carers

This sheet explains what to expect after keyhole ear surgery and when to contact Macarthur ENT. Keyhole ear surgery uses a small endoscope through the ear canal and may include tympanoplasty, myringoplasty, ossiculoplasty or stapes surgery. Most patients recover without major problems, but healing is gradual and follow-up is important.

What Is Normal After Surgery

- **Discomfort and fullness:** Mild to moderate ear discomfort, pressure, fullness or muffled hearing can persist for several weeks while the ear heals and packing dissolves or is absorbed.
- **Drainage:** A small amount of blood-tinged fluid from the ear during the first day or two is expected. Place clean cotton wool at the outer ear if needed, but do not push it into the canal.
- **Dizziness:** Mild dizziness, brief spinning or unsteadiness can occur, particularly after stapes surgery. This usually improves within 24–48 hours.
- **Taste:** Food may taste different or part of the tongue may feel numb. This usually improves gradually with time.
- **Hearing:** Hearing may seem blocked or temporarily worse before it improves. A final hearing result cannot be judged until the ear has healed.
- **Anaesthetic recovery:** Do not drive, operate machinery, drink alcohol or make important decisions for at least 24 hours after the anaesthetic.

Caring for the Ear

- **Keep the ear dry:** Do not allow water into the ear canal for at least 3–4 weeks, or until your ENT surgeon confirms that the ear has healed. Stapes surgery may require four weeks or longer.
- **Showering:** Coat a cotton ball with petroleum jelly and place it gently in the outer ear opening. Remove it after showering. Do not submerge your head in a bath, pool, spa, ocean or other body of water.
- **Packing:** Do not remove or disturb material within the ear canal unless specifically instructed. Packing can make the ear feel blocked and may contain old blood.
- **Ear drops:** If drops are prescribed, use them exactly as directed. The course may range from several days to a few weeks depending on the procedure.
- **Nothing in the canal:** Do not insert cotton buds, fingers, hearing aids, earbuds or other objects into the operated ear until advised it is safe.

Activity and Pressure Precautions

- **Nose blowing:** Do not blow your nose forcefully for about 3–4 weeks. Sneeze and cough with your mouth open and do not hold them in.
- **Lifting and exercise:** Avoid heavy lifting, straining and vigorous exercise for about 3–4 weeks. Gentle walking is encouraged as your balance and energy allow.
- **Flying and altitude:** Avoid air travel and high-altitude trips until cleared by your ENT surgeon. Depending on the operation, this may be approximately 3–8 weeks.
- **Bowel care:** Avoid straining. Maintain fluids and fibre, and use a stool softener if recommended.
- **Protect the ear:** Avoid situations where the operated ear could be struck or exposed to sudden pressure changes.

Follow-up and Hearing Tests

Your first post-operative appointment is usually around 3–4 weeks after surgery. Your ENT surgeon will check healing and remove any remaining packing if required. Hearing often fluctuates during recovery, so a formal hearing test is usually repeated a few months after surgery once healing is complete.

Contact Macarthur ENT Promptly

Please contact us promptly if you develop any of the following:

- Severe or worsening ear pain, fever, or spreading redness or swelling around the ear.
- Foul-smelling or heavy drainage, or bleeding that does not stop.
- New facial weakness, drooping or difficulty closing the eye on the operated side.
- Severe, persistent or worsening dizziness, repeated vomiting, or major loss of balance beyond the first 24–48 hours.
- A sudden or significant change in hearing, particularly if associated with new severe tinnitus or vertigo.

Healing Takes Time

Serious complications such as facial nerve injury or profound hearing loss are uncommon. Minor problems such as drainage, inflammation or granulation tissue, displaced packing, or re-opening of an eardrum repair can occur during the first year. Regular follow-up allows these issues to be identified and treated early.

If you are worried or your recovery is worsening rather than gradually improving, contact Macarthur ENT for advice.