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**INFORMATION FOR PATIENTS ON HOSPITAL DISCHARGE**  
**Following Ear Surgery – Mastoidectomy and Endolymphatic Sac surgery**

1. **EAR PACK:** You will be discharged with an antiseptic ribbon pack (BIPP) already in the ear canal. This must be left in place until you return to the consulting room for Mr Morrison to remove it, usually after 7 to 14 days.
2. **KEEP EAR DRY:** Please keep the ear dry. Do not let water get to the wound behind or in front of the ear for two weeks. You can wash your hair, ideally with someone to help, after a couple of days. When doing this hold a towel over the ear or hold a glass or cup over the ear to protect it from water. This way you can use a hand-held shower. Do not put your whole head under water in the shower or bath. Dry your hair with a hair dryer, and avoid rubbing behind the ear.

You will need to keep water out of the ear canal for longer, until it has all healed fully, which often takes about a month.

3. **NOSE BLOWING:** You should not put any pressure on the Eustachian tube or ear. This means you should not blow your nose very vigorously. A very gentle blow only is advised for the first 3 weeks.
4. **MEDICATIONS:**  
**Antibiotics**  
If a course of antibiotics has been prescribed, please take these as indicated on the bottle.

**Pain Killers**

Simple analgesics such as Paracetamol, or Nurofen (Ibuprofen) may be sufficient. Unless you are allergic (or have asthma with Aspirin/Nurofen sensitivity), you can take both these pain killers at the same time to increase their effect. Take them as directed on the packet 3 –4 times per day if necessary. You can use your own supply of these, bought from the chemist.

You may have been given more powerful pain killers such as Co-Codamol, Tylex, or Codeine Phosphate. Use these if necessary but do not take Tylex or Co-Codamol at the same time as Paracetamol. Voltarol (Diclofenac) may have been prescribed on discharge. This is like Ibuprofen (Nurofen), and so should not be taken at the same time as Voltarol.

5. **HEARING LOSS – BLOCKED EAR:** The operated ear will feel very blocked, because of the pack and also because the ear will be bruised and full of blood after the surgery. This will all take some weeks to gradually clear. Expect the ear to feel very deaf to begin with. After a week or more the middle ear may start to clear, and sudden loud crackling noises, popping or other types of tinnitus, (ringing or buzzing) are normal. They are expected to settle as the ear heals.

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6. **DIZZINESS.** The operation is designed to improve the functioning of the Endolymphatic Sac by decompressing and draining it. This means the inner ear function – balance and hearing – can improve or be stabilised. The benefit from the operation may take a few weeks to develop as things heal and settle. You might therefore have some dizziness in the early stages of recovery. If so, that is nothing to worry about. You will often be discharged with some Buccastem 3 mg tablets to place in the cheek next to the gums for troublesome vertigo or vomiting. Allow the tablet to dissolve, do not swallow it.

You should try to progressively become more active and resume full mobility over days or a few weeks at most. The more you manage to get up and walk around normally, the quicker you will accommodate. It is common that the feelings of an attack being about to come on can still occur, but they do not develop.

7. **FOLLOW UP:** Your first out-patient clinic visit should usually be arranged at about 7 - 14 days from the operation. Please telephone to book it at your convenience. At this visit Mr Morrison will be able to remove the ear pack.

8. **BLEEDING:** It is normal to have a yellow or blood stained secretion from the ear canal for up to a week after the surgery. You can replace the cotton wool in the ear when necessary. Do not remove the BIPP pack, beyond it.

Bleeding with bulging behind the ear might indicate a haematoma. You should phone Mr Morrison's secretary.

9. **SICK LEAVE:** You are usually advised to take 2 - 3 weeks sick leave from work if this is possible following your operation. If not, try to return to work on an easy schedule as stress might increase the risk of nose bleeding.

10. **EXERCISE:** Please avoid any strenuous exercise in the first 2-3 weeks after the operation. Brisk walking & everyday activities are fine but swimming, gym-work or sports are best avoided.

11. **DRIVING:** You should not drive for a while until the vertigo has come under control. Generally this operation will have been carried out because of sufficiently severe dizziness beforehand to make driving, temporarily, very inadvisable. In time, when you feel well with no dizziness, and usually after 3 months of good control, you can drive again.

12. **OTHER SYMPTOMS.** There may be numbness of the external ear, and it may stick out a bit more than usual. This usually settles, but can take a few months. There may be an altered, metallic or tingling taste in the tongue after the surgery, which is also expected to settle within a few months.

13. **EMERGENCIES:** If you need to contact Mr Morrison for general advice or in an emergency firstly please try the office telephone number 0207 487 4446.

If there is no response on the above number and you need to contact Mr Morrison out of hours please ring The London Clinic on 0207 935 4444 and ask for the first floor ward (or telephone the Hospital & ward where you were staying). The Nurses will be able to get a message to Mr Morrison at home or on his mobile phone so that he can advise. Similarly, the other hospitals listed on the letterhead could try to contact him for you. If Mr Morrison is going to be away, he will usually have suggested an ENT Consultant Colleague who might cover. Finally, NHS emergency care is also available from Guy's & St Thomas' Hospitals, or from your nearest NHS hospital with an ENT Department.