

G. Paul Doxey, MD

Trusted, experienced personal ENT care

St. George Medical Park
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G. PAUL DOXEY, MD

Board-Certified: American
Board of Otolaryngology

Residency: Otolaryngology–
Head & Neck Surgery, University
of Utah Medical Center,
Salt Lake City

MD: University of Utah College
of Medicine, Salt Lake City

TRUSTED CARE FOR:

- Sinus/nasal problems
- Snoring & sleep apnea
- CT-guided sinus surgery
- Balloonplasty
- Deviated septum
- Nasal blockage/polyps
- Nasal fractures
- Nosebleeds
- Ear pain & infections
- Voice & swallowing disorders
- Care of the professional voice
- Perforated eardrum
- Head & neck surgery/cancer
- Thyroid & parathyroid surgery
- Allergies & testing
- Salivary gland infections & surgery
- Nose reshaping (rhinoplasty)
- Facial or nasal fracture repair
- Otoplasty (correction of overly prominent or poorly positioned ears)
- Neck masses
- Facial wound repair & reconstruction
- Surgical removal of facial moles & tumors

TRUSTED CONVENIENCE:

- Convenient location
- Friendly, courteous staff
- Most insurance accepted & filed
- Major credit cards welcome
- Convenient office hours
- Ample free parking

POST-OP EAR INSTRUCTIONS

(Tympanoplasty and/or Mastoid Surgery)

Ear surgery is normally uneventful, with few, if any, complications. This instruction sheet is designed to answer common questions concerning your surgery.

Dressing:

Dr. Doxey usually removes ear dressings in his office the day after surgery. It is not unusual to have bloody drainage on the gauze. After this, you should remove and change the cotton ball in the ear canal daily. However, the tapes behind the ear (steri-strips) protect the incision and should not be disturbed.

Diet:

There are no restrictions, but after a general anesthetic, it is best to start with clear liquids on the first day and advance to a regular diet over the next 24 hours.

Medications:

Pain medications and antibiotics should be taken as prescribed in the post-operative period.

Precautions:

1. Do not blow your nose until Dr. Doxey gives you permission. Secretions in the nose should be sniffed back into the throat and expectorated. This is especially important if you develop an upper respiratory infection or “common cold.”
2. Do not “pop” your ears by holding your nose and blowing air through the Eustachian tube. If you must sneeze, do it with your mouth open.
3. Do not allow water to enter the ear until advised by Dr. Doxey. Until that time, insert a cotton ball covered with Vaseline into the cup of the ear- covering the ear canal- when showering or washing the ear.
4. Do not take unnecessary chances of catching a cold or upper respiratory infection. Avoid exposure and fatigue. If you develop an upper respiratory infection, call Dr. Doxey.
5. You may anticipate some pulsation, popping, clicking, and other sounds in your ear as well as a feeling of fullness. Occasional sharp shooting pains are not unusual. At times, it may feel as if there is liquid in the ear.
6. Do not plan to drive yourself home from the surgery. Air travel is discouraged for three weeks after the operation. When changing altitude, you should remain awake and chew gum to stimulate swallowing.
7. Do not perform any heavy lifting (over 20 pounds) or vigorous physical activity for three weeks after surgery.

Dizziness:

Mild dizziness may occur when you move or turn your head and need not concern you, unless this becomes progressively worse.

Hearing:

Rarely is hearing improvement noted immediately after surgery. It may even

worsen temporarily due to swelling of your tissues and packing in the ear canal. You should expect improvement in six to eight weeks with maximal hearing improvement in three to four months.

Discharge:

A bloody or watery discharge may occur during the healing period. The outer ear cotton ball may be changed daily if necessary, or even more frequently. A honey-colored or foul-smelling drainage usually indicates an infection and Dr. Doxey should be notified.

Pain:

Mild intermittent ear pain is not unusual postoperatively. However, this should decrease after the first few weeks. Pain above or in front of the ear is common when chewing. If you have persistent ear pain, which is not relieved by Tylenol or the prescribed narcotic pain medicine, call Dr. Doxey.

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Ear drops:

If you are given a prescription for ear drops, begin using them three weeks after surgery. Place a few drops in the ear twice daily to loosen old dissolving packing, which may run out of the ear as a liquid. To place the drops, tip the head to the side with the operated ear up. Place five to ten drops in the ear, allowing the drops to remain for five minutes. Then tip the head in the opposite direction to allow them to run out. Continue doing this three times daily until you have finished the drops or are advised otherwise.

Please feel free to contact Dr. Doxey's office if you have any questions.

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