

Ear Surgery Discharge Instructions

For your own safety, a responsible adult must drive you home.

- Someone responsible should stay with you the first 24 hours after surgery. If you had medication or anesthesia, it is normal to feel drowsy and weak, therefore, it is not recommended that you drive, stand or walk without help, operate machinery, drink alcoholic beverages or eat heavy meals, make important personal or business decisions, or sign important papers. Children should not ride bicycles, skate boards, etc. Tomorrow you may resume activities as directed by your surgeon.

Next Appointment

- ☐ Call the office following discharge from the hospital as soon as you get home for a follow-up appointment _____
- ☐ Dr's phone number 910-755-3682 or 910-914-0540
- ☐ Date _____
- ☐ Time _____

Medicines

- ☐ Always take medicine as directed and for as long as directed.
- ☐ Drops: Floxin Otic 3 drops - three times/day for 3 days
- ☐ Pain medicine Over the counter Tylenol
- ☐ Other _____
- ☐ Your medication may make you drowsy. Keep away from objects or machinery that could be harmful.
- ☐ Use heat to relieve pain right after surgery (i.e. a warm water bottle, or heating pad). Avoid high temperatures that could burn you.

Activity

- ☐ Keep your ear(s) dry to prevent infection. Until the tubes are out of the eardrums and the eardrum opening has healed (6-18 months):
 - Use cotton in the ear(s) when bathing.
 - Use ear plugs when swimming.
- ☐ You may eat and drink normal foods as soon as you want.
- ☐ You may return to normal activity when you feel ready.

Contact your caregiver immediately:

- ☐ If you notice blood or pus draining from either ear after one week.
- ☐ If you experience pain that will not go away.
- ☐ If you have shaking chills or a temperature over 100 degree F. (37.8 degrees C).
- ☐ If you have skin that is itchy, swollen, or has a rash, which may indicate an allergy to the medication.

Patient's Signature

Date/Time

Witness Signature

Date/Time

Signature of Authorized Person

Date/Time

Relationship to Patient

Healthcare Provider Signature

Date/Time

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted

(Name/Number of Person/Services Chosen/Used)

☐ Interpreter Refused

Brunswick NOVANT MEDICAL CENTER

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