

Post-operative care for patients after ear surgery

Ear surgery is usually because of either chronic infection or neoplasia (cancer). Ear surgery often involves removal of part of the external ear canal (though rarely the ear flap itself). The ear canal is then reconstructed with sutures and hearing remains much the same as preoperatively. Sometimes the whole external ear canal (though still sparing the ear flap itself) and a part of the middle ear has to be removed. In this case the ear canal is no longer present and hearing will be reduced in this ear. Sometimes both ears are operated at the same time. Sometimes we will send tissue samples off for lab examination. This would involve a biopsy if done before the main surgery, and/or might involve sending off excised tissue after the main surgery to assess the completeness of excision of any tumour.

Medication:	Antibiotics:	The choice of antibiotic may vary depending on any infection present.
	Anti-inflammatories:	We usually dispense carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought.
	Analgesics:	We may have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

The wound must not be interfered with by the patient or bathed. Where the ear canal has been reconstructed this is critical if the canal is to have the best function into the future. Sometimes a head dressing may be used for the first day or two post-operatively. An Elizabethan collar will be used to prevent interference with wounds for two weeks post-operatively. Any ooze may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought. Consider emailing or texting photos to mail@wm-referrals.com or 07944 105501.

Rechecks a few days after surgery may be with your own vet to save un-necessary travelling. We could do this check-up if travelling is not an issue, and all post-op check-ups are free of charge with us under our "fixed price" schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

Dressings may be used post-operatively to help control swelling. These should be kept dry at all times. If they do become significantly wet, or if they slip, then seek advice. Dressings are usually removed by three days post-operatively.

Restricted activity is wise while an Elizabethan collar is worn as these tend to catch.

Complications and prognosis

Patients are often visibly more comfortable soon after surgery. Interference with the wound or on-going infection can occasionally lead to wound break downs. Where the ear canal has been reconstructed, this can adversely affect the long term function of the ear canal and therefore adversely affect the prognosis for the ear.

Adjacent nerves are sometimes transiently, and occasionally permanently, damaged by the disease or the surgery. Neurological syndromes that can be seen include:

- Loss of blinking for the eye on the same side of the head. This is occasionally seen but is usually transient. Theoretically this makes the eye more vulnerable to damage and more prone to the cornea (the surface of the eye) drying out because the tear film doesn't get regularly redistributed. In practice this doesn't seem to be a big problem; dogs effect a "blink" by retracting their eye in the socket so the third eyelid whips over.
- Horner's syndrome. The third eyelid is prominent, the upper eye lid droops and the pupil is constricted in the eye on the same side of the head. Although this can look quite shocking to owners, it is not usually a problem for the patient and usually resolves over a few weeks.
- Balance problems indicating inner ear damage. We have never seen this as a complication of surgery.

If a dog has had chronic infection in one ear, it is not uncommon for the other ear to become infected in time.

Where part of the ear canal has been saved, progression of disease sometimes requires the removal of the rest of the ear canal at a future date.

Where neoplasia has been removed, prognosis depends on the nature of the cancer and whether complete removal of the primary lesion has been achieved or whether it might have already spread by the time of surgery.

Our fixed prices include any follow up consults with us, but don't include further medication or revision surgery. For further details please see www.wm-referrals.com, "about us", "FAQs".

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com. Consider texting/emailing pictures.