

## Post-operative care for patients after ear surgery

(Also see our information sheet on ear surgery)

Ear surgery is usually needed because of either chronic infection or neoplasia (cancer). Lateral wall resections and vertical canal ablation ear surgeries involve removal of part of the external ear canal sparing the ear flap itself. The ear canal is reconstructed with sutures leaving hearing much the same as preoperatively. Total ear canal ablation and bulla osteotomy (TECA-BO) involves removing the external ear canal (though sparing the ear flap itself) and a part of the middle ear. In this case hearing will be reduced in this ear. Sometimes both ears are operated at the same time. We may need to send tissue samples off for lab examination. This might involve a biopsy 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.

<b>Medication:</b>	<b>Antibiotics:</b>	Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily). The choice of antibiotic may vary depending on any infection present.
	<b>Anti-inflammatories:</b>	Non-steroidal anti-inflammatory drugs usually start/resume the morning after surgery. These are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam). They are given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice.
	<b>Analgesics:</b>	We may have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

**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 prompt advice. Dressings are usually removed around three days post-operatively. We may ask you to do this and then send us a photo of the wound. **IF THERE IS ANY SIGN OF BREATHING DIFFICULTY REMOVE THE HEAD DRESSING WITHOUT DELAY.**

**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. **In this case, an Elizabethan collar is needed for at least two weeks post-operatively to prevent interference with wounds once any dressing is removed.** The collar should be worn at all times including overnight. If a total ear canal ablation has been performed and the external ear canal has been removed, the Elizabethan collar is less essential. Any ooze may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought. Email or text photos to [enquiries@wm-referrals.com](mailto:enquiries@wm-referrals.com) or 07944 105501.

**Restricted activity** is wise while an Elizabethan collar is worn as these tend to catch. Your pet's hearing may be compromised so be especially careful around traffic etc, and be careful not to inadvertently startle them.

**Rechecks** with us at Barton under Needwood are free of further charge and are recommended at 2-3 weeks, or earlier if advised or if there are issues. Please contact us to book appointments. Any appointments at your own vets are very likely to be chargeable. Where travel is an issue (distance, nervous dogs, large dogs etc) consider sending us a photo of the wound by text/email in lieu of check ups.

### 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, any wound breakdown could adversely affect the long term function of the ear canal and therefore adversely affect the prognosis for the ear.

Adjacent nerves are sometimes transiently, (or occasionally permanently), damaged by the disease and/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 with a TECA-BO 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. Abscessation related to remnants of middle ear epithelium after TECA-BO occasionally occurs and requires revision surgery.

**Our fixed prices include any follow up consults done with us, and medication for around 5 days post-operatively, but don't include further medication, or revision surgery. Consults, dressings and drugs from your usual vet will be chargeable. For further details on our fixed prices please see [www.wm-referrals.com](http://www.wm-referrals.com), "about us", "FAQs". For further advice please contact us on 07944 105501 or at [enquiries@wm-referrals.com](mailto:enquiries@wm-referrals.com). Consider texting/emailing pictures and short videos**