



**Department of Otolaryngology - Head and Neck Surgery
VCU Health System**

COCHLEAR IMPLANT SURGERY
PRE- AND POST- OPERATIVE INSTRUCTIONS

BEFORE SURGERY:

DISCUSS ANY GENERAL HEALTH PROBLEMS WITH YOUR SURGEON. YOU WILL NEED A CURRENT BLOOD TEST WITHIN ONE MONTH OF YOUR SURGERY AND COMPLETE HISTORY AND PHYSICAL EXAMINATION. THESE WILL BE ARRANGED THROUGH OUR OFFICE TO BE PERFORMED AT YOUR PRE SURGICAL TESTING VISIT. OTHER LABORATORY STUDIES, SUCH AS AN EKG OR CHEST X-RAY MAY BE REQUESTED. ADDITIONALLY, IF YOU HAVE OTHER SIGNIFICANT MEDICAL CONDITIONS, PLEASE OBTAIN A MEDICAL CLEARANCE FROM YOUR REGULAR PHYSICIAN. (PEDIATRICIAN, INTERNIST, FAMILY DOCTOR OR CARDIOLOGIST)

WE OFTEN RECOMMEND A VCU CARDIOLOGIST OR INTERNIST FOR PREOPERATIVE CLEARANCE AND IN HOSPITAL CARE.

KNOW THE RISKS AND POTENTIAL COMPLICATIONS OF YOUR UPCOMING SURGERY. THE FACIAL NERVE IS AT RISK FOR INJURY OR TEMPORARY WEAKNESS DURING ANY EAR SURGERY. DIZZINESS FOLLOWING SURGERY MAY HAPPEN. HEARING LOSS OR RINGING IN THE EAR (TINNITUS) MAY BE MORE PRONOUNCED. TASTE DISTURBANCE IS NOT UNCOMMON IN CERTAIN EAR SURGERIES FOR A FEW WEEKS FOLLOWING SURGERY AND, IN A FEW INSTANCES, COULD BE PROLONGED OR PERMANENT. POST-OPERATIVE INFECTION IS ALSO A POTENTIAL RISK. ALL OF THESE POTENTIAL COMPLICATIONS ARE VERY RARE.

THE PROCEDURE:

AN INCISION WILL BE MADE BEHIND AND SLIGHTLY ABOVE THE EAR. THESE AREAS NORMALLY HEAL WITHOUT PROBLEMS OR OBVIOUS SCARS. A SMALL AMOUNT OF HAIR BEHIND THE EAR MIGHT BE SHAVED.

THE DOCTOR WILL DISCUSS IN DETAIL THE REASON FOR AND NATURE OF THE PROCEDURE AND ALSO GO OVER THE AFOREMENTIONED RISKS. PLEASE CONTACT THE DOCTOR IF YOU HAVE FURTHER QUESTIONS.

THE FOLLOWING ARE IMPORTANT CONSIDERATIONS FOR YOUR SURGERY:

1. DO NOT TAKE ASPIRIN OR IBUPROFEN FOR 10 DAYS BEFORE SURGERY.
2. WASH YOUR HAIR THE NIGHT BEFORE SURGERY. DO NOT WEAR ANY MAKEUP OR JEWELRY THE DAY OF SURGERY.
3. DO NOT EAT OR DRINK ANYTHING (INCLUDING WATER) AFTER MIDNIGHT BEFORE SURGERY. YOU MAY BRUSH YOUR TEETH, BUT DO NOT SWALLOW ANY WATER.
4. YOU CAN TAKE YOUR REGULAR MEDICATIONS THE MORNING OF SURGERY, WITH A SIP OF WATER. IF YOU ARE DIABETIC YOU MAY HAVE TO ADJUST YOUR INSULIN OR MEDICATION DOSE.
5. ARRANGE FOR SOMEONE TO DRIVE YOU HOME AFTER SURGERY

ADDITIONAL IMAGING OR HEARING TESTS MAY BE REQUIRED PRIOR TO SURGERY.

AFTER SURGERY:

POST-OPERATIVE MEDICATIONS MAY INCLUDE STEROIDS, ANTIBIOTICS, ANTACIDS, EAR DROPS OR OTHERS AS NEEDED. THESE WILL BE DISCUSSED ON THE DAY OF DISCHARGE. AFTER DISCHARGE FROM THE HOSPITAL YOU MAY RESUME MOST NORMAL ACTIVITIES. YOU MAY NOT DO ANY HEAVY LIFTING (NOTHING OVER 25 LBS.) AND YOU MAY NOT DO ANY VIGOROUS EXERCISES (JOGGING, TENNIS, AEROBICS). DO NOT BEND. IF YOU NEED TO BEND OVER TO PICK UP SOMETHING, BEND AT YOUR KNEES.

YOU MAY SHAMPOO YOUR HAIR 48 HOURS AFTER SURGERY CAREFULLY. DO NOT TAKE ANY MEDICATION CONTAINING ASPIRIN OR IBUPROFEN FOR 10 DAYS AFTER SURGERY UNLESS INSTRUCTED BY THE PHYSICIAN.

FLYING IS USUALLY PERMITTED ONE WEEK AFTER SURGERY. CHECK WITH YOUR DOCTOR FIRST BEFORE RESUMING SWIMMING OR OTHER WATER SPORTS. IF YOUR WORK IS NOT STRENUOUS, YOU MAY RETURN TO WORK 3 TO 4 DAYS FROM THE DATE OF SURGERY. CHECK WITH YOUR DOCTOR IF YOUR WORK REQUIRES HEAVY LIFTING. YOU MAY DRIVE IF NO DIZZINESS IS PRESENT AND YOU ARE NOT TAKING NARCOTIC PAIN RELIEVERS.

YOU MAY HEAR A VARIETY OF STRANGE NOISES IN YOUR EAR, SUCH AS CRACKING, POPPING, RINGING, ETC., AND YOU MAY SENSE A FEELING OF FULLNESS OR PRESSURE IN YOUR EAR. YOU MAY ALSO HAVE PAIN WHEN CHEWING. THIS IS NORMAL. DO NOT BLOW YOUR NOSE VIGOROUSLY FOR 10 DAYS AFTER SURGERY. AFTER 10 DAYS, YOU MAY BLOW YOUR NOSE GENTLY, ONE SIDE AT A TIME, WITH YOUR MOUTH OPEN.

YOUR EAR MAY PROTRUDE OR STICK OUT FOR A WEEK OR SO AFTER SURGERY, THIS IS NORMAL AND IS DUE TO EDEMA OR SWELLING OF THE TISSUES AFTER SURGERY. THIS SWELLING MAY EVEN MIGRATE TO THE TISSUES IN FRONT OF THE EAR OR AROUND THE EYE.

CALL YOUR DOCTOR OR THE CLINIC IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

1. FEVER (ORAL TEMPERATURE ABOVE 101.5 DEGREES FAHRENHEIT)
2. NEW WEAKNESS OR NUMBNESS OF THE FACE
3. PAIN THAT IS NOT HELPED BY TAKING PAIN MEDICATION AND IS GETTING WORSE RATHER THAN BETTER. SEVERE NEW HEADACHES.
5. REDNESS AND/OR SWELLING AROUND THE INCISION
6. SEVERE VERTIGO AND VOMITING

FOLLOWING ANY SURGERY YOUR RESISTANCE IS DOWN, SO DON'T EXPECT TO BE IN FULL SWING. EVERYONE IS AN INDIVIDUAL WITH DIFFERENT RESPONSES TO SURGERY. DO NOT HESITATE TO CALL YOUR DOCTOR IF YOU HAVE ANY PROBLEMS OR QUESTIONS.

PLEASE KEEP ALL FOLLOW UP APPOINTMENTS.

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