



POSTOPERATIVE INSTRUCTIONS

Cochlear Implant

This instruction sheet is designed to help you care for your ear following surgery and to answer commonly asked questions. Please read the entire sheet carefully.

MEDICATIONS

- **Pain medication:** This should be taken for break-through pain after taking **TYLENOL®** and ibuprofen for pain control. Take as the label directs. Take a stool softener twice a day as long as you remain on pain medicine. Do not drive while taking prescription pain medicine. Eat when taking pain medicines to avoid nausea.
- **Antibiotic:** Typically, an antibiotic called cephalexin is prescribed for prophylaxis against infection after surgery. Take as instructed.
- **Home meds:** Resume taking them as prescribed. If you are on a blood thinner, ask Dr. Lin when to restart it if you were not given instructions.

VACCINATIONS

Patients with a cochlear implant are at higher risk for meningitis due to the hardware implanted in the inner ear. It is recommended that you receive the pneumococcal vaccination. Typically, this is the **Prevnar 20®**. Even if you've had this vaccine before, a second dose is recommended for adults 65 and older.

WOUND CARE

There is an incision behind your ear. You will either have Steri-Strip bandages or absorbable sutures on the surface of your skin. These should stay on until your follow-up. It is okay if the bandages fall off on their own.

Often, you will also have a pressure dressing placed that looks like an earmuff. You may remove this on the day after surgery or continue wearing it at night for comfort.

BATHING

You may shower 48 hours after surgery. Do not allow the stream of water to flow directly on your incision. Pat dry when done. **DO NOT TAKE A BATH UNTIL CLEARED BY YOUR PHYSICIAN.**

DIET

You should resume your normal diet.

ACTIVITY

- Please avoid strenuous exercise and heavy lifting for two weeks after surgery.
- Do not engage in any vigorous physical activity, including sports, until you are seen for your post-op visit. Except for these restrictions, you may return to work or school as your overall condition permits. Do not participate in contact sports/activities that may lead to head injury for six weeks. Always wear head protection during contact sports going forward.

HOME CARE: THE FIRST FEW DAYS

- You can wipe the auricle (outer ear) gently with a soft cloth or cotton swabs to remove dried blood, but if the ear is tender, this is not necessary.
- You may wash your hair two days after surgery; do not scrub your incision. Gently pat dry.
- Do not bend over for one week after surgery. If you must bend, bend from the knees, not head-first from the hips. This will prevent pressure buildup in the head.
- Do not blow your nose for two weeks. Sneeze with your mouth open during this time.
- You may hear a variety of noises in your ear, such as cracking or popping. This is part of the normal hearing process.
- Dizziness or lightheadedness is common and usually resolves in the first few weeks. Rarely, it can last longer.
- Tinnitus (ringing in the ear) is also noted by some patients, and this may change as you begin to use your implant after activation.

HOME CARE: AFTER THE FIRST FEW DAYS

- Pain should begin to subside. You may continue taking TYLENOL or ibuprofen for relief of mild pain.
- It is normal for the top third of the ear to feel numb; this will take several months to return to normal.
- There may be a change in taste (usually described as metallic) on one side of the tongue, and this usually improves within several months.

FIRST FOLLOW-UP APPOINTMENT

- Patients usually have a follow-up appointment two to three weeks after surgery.
- Don't be anxious about the first appointment. Dr. Lin will check the incision and the ear canal for infection.
- If your incision is healing well at your follow-up appointment, the device can be activated shortly after. An audiologist will perform the activation.
- Remember, you will not have any improvement to your hearing until after the device is activated, and it can take three months of daily use after activation for substantial improvements in hearing to occur.

AFTER DEVICE ACTIVATION

- Voices may initially sound high-pitched, mechanical or robotic—this is normal, and sound quality generally improves over three to six months of use.
- You can expect a period of acclimatization; sounds may seem unfamiliar or distorted initially.
- Popping, clicking or buzzing sensations may occur during the initial programming sessions.

CALL OUR OFFICE IF YOU EXPERIENCE

- Increased pain not relieved by prescription medications
- Large amounts of bleeding from the ear area
- Pus/foul-smelling drainage from the ear
- Redness in the ear area
- Temperature over 101 degrees on two consecutive readings
- Severe dizziness
- Stiff neck and/or severe headache
- Facial weakness

IMPORTANT PHONE NUMBERS

Please notify a team member or me of any concerns or questions following surgery. Nursing Staff: 518-701-2085

NOTIFY YOUR DOCTOR OR NURSE IF YOU HAVE ANY OF THE FOLLOWING SIGNS OF A WOUND INFECTION

- More pain around the wound.
- Change in the amount, color and odor of drainage.
- The skin around the wound feels warm or has red streaks.
- The wound separates or opens up.
- You have a temperature greater than 101 degrees.