

Post-Operative Instructions Cochlear Implant or Bone Anchored Hearing Implant

Care of the ear / Wounds

Hearing implants are inserted using a small wound behind the ear. Dissolving sutures are applied, often with some skin glue and then steri-strips. This can all be left in situ until your first post-operative review.

Usually no surgery will have occurred in the ear canal itself, but it may still contain some Betadine cleaning solution from the surgery.

In most cases, a head bandage will have been positioned overnight. This will be removed by the surgical or nursing team in the morning after surgery.

Fatigue

The general anaesthetic, surgery and medications may cause you to feel fatigued.

Pain

Generally, there is only minimal post-operative pain. Simple analgesia (painkillers) are generally all that is required but the anaesthetist will ensure that you have stronger painkillers if needed.

Showering

The surgical wound should be kept dry for 1 week after surgery. Following this you can wash your hair. Leave the steri-strips in situ. They will remain in place, even if wet.

An exception would be any bone anchored implant systems (Cochlear Connect or Oticon Ponto) which involve an abutment that comes through the skin. For these, you should keep the wound dry until your first post-op review (2-3weeks).

Exercise

Avoid strenuous exercise, golf, weights, gym, swimming for 2 weeks after surgery to avoid any bleeding.

Flying

Usually there will be no involvement of the eardrum or middle ear and so flying is possible, but it is generally advisable to avoid flying if possible until 2 weeks post-op, when your surgeon has reviewed your wound.

Fluids and oral intake

It is important to stay well hydrated in the post-operative period. A normal diet can be taken.

Bleeding

In the event of significant bleeding (generally anything over a teaspoon or continuous oozing) please seek urgent medical assistance, either by contacting the rooms or attending the nearest hospital with an emergency department. This is a very rare occurrence.

Post-Operative Timetable:

Cochlear Implants:

1-2 weeks First post-op review. The wound will be checked, and the ear canal inspected. Note that most cochlear implant surgeries will result in some blood tracking down into the middle ear (haemotympanum) which can feel like some pressure in the ear, regardless of the hearing situation. If hearing preservation has been achieved, you will not know until this blood and fluid has resolved which can take up to a month.

You should NOT use your previous hearing aid in the operated ear but can continue to use a hearing aid in the contralateral (other) ear, if needed.

Generally, only this one post-operative surgical assessment is needed and further follow up is with the audiology team at NextSense. If at any time there is any surgical issue, you will be referred back to A/Prof. Saxby immediately.

2-3 weeks First audiological review. "SWITCH ON". This will be at a NextSense centre. It is usually at the centre where your pre-operative assessments were performed. You will hear sound immediately and the audiologist will "map" the implant to your needs. You will NOT hear words clearly at this early stage but over time, the speech discrimination should improve. The settings of the implant need to be continuously monitored and adjusted as the implant settles in the cochlear, and as your brain adjusts to this new form of hearing stimulation. Therefore, you will attend multiple "mapping" sessions, initially weekly, then fortnightly then monthly then eventually yearly.

Bone anchored systems:

2 weeks First Post-op review. This is to check the wound.

"Switch on" Timing of "Switch on" is variable and dependant on the bone anchored system that has been implanted. Some can be switched on relatively quickly (e.g. 2 weeks) whilst others require osteointegration before loading with the external component of the system. Switch on may occur at either SCENT or in some cases NextSense, depending on your circumstances.

You should NOT use your previous hearing aid in the operated ear but can continue to use a hearing aid in the contralateral (other) ear, if needed.