

Pediatric Cochlear Implant Post-operative Instructions

If ear infections (otitis media) occur, they should be treated immediately with an oral antibiotic, not an initial period of watchful waiting. If otitis media occurs within 2 months of implantation, intravenous antibiotics may be necessary. Schedule a return visit with the surgeon if your child develops recurrent ear infections in the implanted ear.

If your child develops evidence of acute mastoiditis in the implanted ear, he/she should be seen at GMH urgently as hospital admission will be necessary. Look for signs of fever, irritability, redness and tenderness behind the ear, or drainage from the ear.

After the implant has been turned on, and your child is wearing the external device, monitor the skin in the area of the processor and coil. If your child develop redness, tenderness or swelling at these sites, discontinue wearing the external device and notify your surgeon's nurse during the week.

The processor and coil should not be worn while sleeping in order to avoid damage to the skin between the magnets that might result in infection and/or skin break down.

If you notice symptoms or have concerns about meningitis, go to nearest emergency room immediately.

If MR (magnetic resonance) imaging evaluation is required, contact your surgeon's office prior to scheduling as magnet removal and subsequent replacement may be necessary.

Follow up with your implant audiologist at recommended intervals.

Schedule an office follow up with your surgeon 3 months after surgery.