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WHAT TO EXPECT GUIDE SERIES

Otology Care

What to Expect?

BEFORE · DURING · AFTER

20-PAGE PATIENT GUIDE · 2026

A guide to hearing loss, tinnitus, vertigo, middle-ear surgery, and follow-up expectations.

BİLGİLENDİRİCİ

GÜNCEL
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HA

Prof. Dr.

Hasan Ahmet Özdoğan

ENT & HEAD AND NECK SURGERY

+90 542 450 85 30 · info@ahmetozdogan.com.tr

How to use this guide

Medical note

This guide does not replace an examination or an individual treatment plan. Medication, surgery, injection, and travel decisions should follow your own clinician's written advice.

Patient Guide

- Read the guide in three phases: preparation, procedure day, and recovery.
- Share reports, medication list, allergies, and previous procedures with your clinician.
- Make expectations concrete with photographs, functional goals, and quality-of-life priorities.
- Use the final checklist to track warning signs and follow-up appointments.

Prof. Dr. Özdoğan approach

- Function and safety come before aesthetic preference.
- The plan is personalised to anatomy, risk, and patient goals rather than a standard package.
- Expected result range, recovery timeline, risks, and alternatives are explained in writing.
- For international patients, travel, language support, secure data exchange, and remote follow-up are planned early.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

Expectation Map

Before

- Duration, one/both sided symptoms, drainage, pain, tinnitus, dizziness, and hearing loss are recorded in detail.
- Audiometry and tympanometry anchor decisions; for vertigo, Dix-Hallpike and VNG/vHIT may be added.
- For ear surgery, CT/MRI, infection control, and water precautions are discussed before surgery.
- When hearing aids or implants are considered, audiology and rehabilitation expectations are explained early.

During

- Diagnostic care may be office-based; surgery is planned with microscope/endoscope assistance.
- Tympanoplasty repairs the eardrum and middle-ear mechanism; in cholesteatoma, disease clearance comes first.
- For vertigo, manoeuvres such as Epley/Semont can take only minutes in the clinic.
- Cochlear implant or stapes surgery requires team and device planning.

After

- After ear surgery, fullness, temporary reduced hearing, mild pain, and slight bloody drainage can be expected.
- Water precautions, no nose blowing, and flight/pressure restrictions follow your clinician's schedule.
- Hearing improvement after tympanoplasty is judged over weeks to months; dressing and audiometry controls matter.
- Vestibular rehab can briefly provoke dizziness; neurologic symptoms require urgent assessment.

EXPECTATION IN ONE SENTENCE

Otology covers medical and surgical care of the ear, hearing, and balance system.

Clinical Picture

- Otology covers medical and surgical care of the ear, hearing, and balance system.
- The first step is history, otoscopy/microscopy, audiometry, and vestibular tests when needed.
- Treatment is not one method: medicine, manoeuvres, hearing aids, tympanoplasty, mastoidectomy, or implants may be used.

CLINICAL CONTENT STANDARD



Prof. Dr. Hasan Ahmet Özdoğan · KBB ve Baş-Boyun Cerrahisi

Internal quality target: 98/100

Pricing is shared in writing after personal assessment, scope, and product/procedure planning.

Who Is a Candidate?

Good-fit profile

- Patients with a clear, examinable need or goal for Otology.
- People willing to discuss expectations through photos, function, and recovery time.
- Patients without uncontrolled systemic disease, or whose condition is stabilised with the relevant specialist.
- Patients able to follow aftercare instructions and attend follow-up.

Pause / reassess

- A goal based only on a social-media filter or copying another person's result.
- Active infection, uncontrolled bleeding risk, or situations where postponement is advised.
- Inability to accept recovery time or attend control visits.
- Seeking a rushed decision without understanding risks and alternatives.

Before: Diagnosis and Goals

- Duration, one/both sided symptoms, drainage, pain, tinnitus, dizziness, and hearing loss are recorded in detail.
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- For ear surgery, CT/MRI, infection control, and water precautions are discussed before surgery.
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Medical note

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Before: Preparation Checklist

- Prepare audiometry, tympanometry, and older hearing tests chronologically.
- Record drainage, dizziness, tinnitus, and infection episodes by date and duration.
- Ask early about water, flight, and work-return restrictions for ear surgery.
- Discuss hearing-aid/implant expectations and rehabilitation time.
- Collect ID/passport, previous reports, imaging, and lab results in one file.
- Write medication, allergy, supplement, smoking, and alcohol information completely.
- Plan work/travel around the recovery intervals.
- Confirm companion, transport, and first-night accommodation details.
- Do not stop aspirin, blood thinners, hormones, or regular medication without approval.
- Discuss realistic result photos and examples you want to avoid before the procedure.

Questions to ask at consultation

- Is my hearing loss conductive or sensorineural?
- What question will CT/MRI answer?
- Is tympanoplasty aiming for closure, hearing improvement, or both?
- Does vertigo need manoeuvre, medicine, or rehabilitation?
- What is my indication for this procedure; is there a reasonable scenario where I should not proceed?
- Which goals are realistic, and which are limited by my anatomy?
- What is expected in the first 24 hours, first week, and first month?
- Which medications, supplements, or habits should I temporarily change?
- If I suspect a complication after hours, who do I contact and through which channel?
- Which photo angles and follow-up dates will be used for monitoring?

Procedure-Day Flow

1

Admission and identity check

2

Final examination, photos, and marking

3

Anaesthesia / local preparation

4

Procedure performed

5

Early observation and discharge plan

6

Written aftercare and contact channel

For appointment and preliminary review, contact the clinic by WhatsApp or email.

PROCEDURE-DAY REMINDERS

- Fasting or no-fasting rules are confirmed in writing according to anaesthesia type.
- Do not make last-minute medication changes; leave decisions to the clinical team.
- Limit valuables and avoid makeup/perfume where relevant.
- Do not drive after discharge; arrange a companion or transfer.

During

- Diagnostic care may be office-based; surgery is planned with microscope/endoscope assistance.
- Tympanoplasty repairs the eardrum and middle-ear mechanism; in cholesteatoma, disease clearance comes first.
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Prof. Dr. Özdoğan approach

The key determinant during the procedure is choosing technique by anatomy and safety boundaries, not by trend.

Expected

- Sleepiness after anaesthesia
- Pressure, tightness, or mild nausea
- Limited movement and observation during early hours

Team checks

- Bleeding and airway check
- Pain, nausea, and vital-sign monitoring
- Written confirmation of discharge criteria

Safety Controls

- Right patient - right procedure - right side/area check.
- Medication and allergy list reconfirmed before treatment.
- Sterility, product/implant lot information, and device safety recorded.
- Specific controls for bleeding, airway, vascular, nerve, or infection risk.
- Written urgent contact and expected-symptom list before discharge.
- Microscope/endoscope use protects delicate anatomy.
- Facial nerve, ossicles, and inner-ear risks are assessed case by case.
- Infection control is central to surgical success.
- Hearing outcomes are followed objectively with audiometry.

After: First 24 Hours

- After ear surgery, fullness, temporary reduced hearing, mild pain, and slight bloody drainage can be expected.
- Water precautions, no nose blowing, and flight/pressure restrictions follow your clinician's schedule.
- Fullness and temporary reduced hearing may come from packing.
- Severe vertigo, facial weakness, or sudden hearing loss is urgent.
- Water or drops go into the ear only with written instruction.
- Do not stay alone the first night; keep discharge instructions and urgent numbers visible.
- Report pain, bleeding, breathing, or vision symptoms that exceed expectations without delay.

After: First Week

- Follow dry-ear and no-nose-blowing instructions.
- Do not remove packing yourself.
- Get a clear date for flight and pressure changes.
- Do not delay control visits; early issues are often managed with small adjustments.
- Track swelling, bruising, crusting, or tenderness with photos even when they seem expected.
- Unless instructed, do not massage, press, or self-apply products/medication to the area.
- After ear surgery, fullness, temporary reduced hearing, mild pain, and slight bloody drainage can be expected.
- Water precautions, no nose blowing, and flight/pressure restrictions follow your clinician's schedule.

After: Long-Term Follow-up

- Hearing improvement after tympanoplasty is judged over weeks to months; dressing and audiometry controls matter.
- Vestibular rehab can briefly provoke dizziness; neurologic symptoms require urgent assessment.
- Day 0-3: fullness, packing, and mild pain.
- Week 1: wound/packing control.
- Week 3-6: middle-ear healing and gradual comfort.
- Month 2-3: audiometry-based hearing assessment.
- Month 6-12: long follow-up for cholesteatoma/recurrence risk.

Prof. Dr. Özdoğan approach

Long-term satisfaction depends not only on technical success, but also on photo follow-up, aftercare discipline, and realistic expectations.

Risks and Complications

- Infection, persistent hearing loss, increased tinnitus, dizziness, facial nerve injury, graft failure, recurrence.

Urgent warning signs

- Facial weakness
- Severe or worsening vertigo
- Foul drainage with fever
- Sudden hearing loss
- Severe headache or neck stiffness

Risk-reduction practices

- Dry-ear protection
- Complete infection treatment
- Audiometry follow-up
- Vestibular exercise adherence

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International patient pathway

- Existing reports, photographs, and medication list are shared through a secure channel.
- After preliminary review, the written plan, risks, and estimated stay are sent.
- Travel is arranged to include control visits; return date is confirmed after clinician review.
- After discharge, symptoms and photographs are followed by WhatsApp or email.
- If needed, a summary can be coordinated with your local clinician.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

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Frequently Asked Questions

Will tinnitus disappear?

Some causes improve with treatment; chronic tinnitus care often targets habituation and quality of life.

Does BPPV need surgery?

Most BPPV improves with repositioning manoeuvres; surgery is rare.

When will I hear after tympanoplasty?

Because of packing and middle-ear healing, clear assessment can take weeks to months.

Is there a definite cure for tinnitus?

If a cause is found it may be treated; chronic tinnitus often focuses on habituation and hearing rehabilitation.

Can I fly after ear surgery?

Pressure changes can be risky depending on surgery; your date is set after personal review.

Is a hearing aid a failure?

No. For some losses, hearing aids or implants are the right rehabilitation option.

This material is for patient education; diagnosis and treatment are determined by personal assessment.

Short checklist

- I understand my indication and alternatives.
- I adjusted work/travel plans for recovery time.
- I provided medication and allergy list in writing.
- I saved urgent warning signs and contact channel.
- I added follow-up visits to my calendar.
- I know the standard angles for photo follow-up.
- I understand pricing is written after personal planning.
- I will apply my risk-reduction steps: Dry-ear protection, Complete infection treatment, Audiometry follow-up, Vestibular exercise adherence.
- I will save the discharge note and prescription digitally the same day.
- I can distinguish expected symptoms from urgent warning signs.

Sources and clinical transparency

CONTACT

Prof. Dr. Hasan Ahmet Özdoğan Kliniği

Prof. Dr. Hasan Ahmet Özdoğan

Merkez Mahallesi, Abide-i Hürriyet Cd No:147, 34381 Şişli/İstanbul

+90 542 450 85 30 · info@ahmetozdogan.com.tr

<https://profdrhasanahmetozdogan.com/otoloji>

SOURCES AND CLINICAL TRANSPARENCY

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Thank You

The goal in Otology decision-making is to bring safe clinical assessment and realistic expectation to the same table.

Next steps

- Prepare current reports and photographs for preliminary review.
- Summarise medication/allergy list and your goal in one message.
- If suitable, a written plan, stay duration, and follow-up schedule are shared.
- Keep this PDF in your personal notes until the control visit.

For appointment and preliminary review, contact the clinic by WhatsApp or email.

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