

A successful surgery requires a partnership between you and Dr. Butterfield

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Butterfield. This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

Practice proper fitness: You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.

Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking a multi-vitamin daily.

Stop smoking. Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 6 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 6 weeks prior to surgery.

Lead a healthy lifestyle. In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

Prepare and plan. Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, following surgery.

Relax and enjoy life. Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

TWO to THREE WEEKS BEFORE SURGERY

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

_____ **Prepare and plan:** Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

_____ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- | | |
|--|--|
| <input type="checkbox"/> Aspirin and medications containing aspirin | <input type="checkbox"/> Garlic Supplements |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents (all NSAIDs) | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E | <input type="checkbox"/> St. John's Wort |
| <input type="checkbox"/> Coumadin/Warfarin (discuss with office) | <input type="checkbox"/> Estrogen supplements |
| | <input type="checkbox"/> All other medications indicated |

_____ **Pre-operative clearance and information:** The pre-admission testing office of the hospital will contact you between 2 and 10 days prior to your operation. They will offer you the choice of having a history and physical performed by the hospital staff or by your primary care physician. This choice is entirely up to you. If your PCP completes the history and physical, the paperwork should be faxed to the hospital, as well as any laboratory tests. The history and physical form is included in the pre-operative packet. Simply give this paperwork to your PCP to complete.

_____ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

_____ **Good nutrition:** Continue taking your supplements as directed.

_____ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

_____ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

ONE WEEK BEFORE SURGERY

_____ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

Pre-operative shopping list

_____ The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

- | | |
|--|--|
| <input type="checkbox"/> Prescriptions (have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping). | <input type="checkbox"/> Germ-inhibiting soap , such as Dial, Safeguard, or Lever 2000 (to bath with prior to surgery in order to minimize germs). |
| <input type="checkbox"/> Tylenol (or a generic form of this drug) This will be the drug of choice once you do not need the prescription strength pain medications. | <input type="checkbox"/> Frozen peas (only for those patient undergoing facial procedures). These are great as "ice packs" for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing |
| <input type="checkbox"/> Multivitamin (to take prior to surgery and during your recovery for maximum health). | <input type="checkbox"/> Bacitracin ointment and 4x4 gauze (to cover incisions with for the first week or so). |
| <input type="checkbox"/> Hydrogen peroxide and Q-tips (to clean around drains). | <input type="checkbox"/> Stool softener (e.g. Colace) and laxative (e.g. Dulcolax). |
| <input type="checkbox"/> Consider renting an electric lift chair , if you are having a tummy tuck, buttock lift, or lower body lift. The office will be happy to assist you with this | |

_____ **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking.**

_____ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

_____ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE SURGERY

_____ **Pack your bag for the day of surgery.** This should include:

- | | |
|---|--|
| <input type="checkbox"/> All paperwork | <input type="checkbox"/> Reading Glasses |
| <input type="checkbox"/> Your identification | <input type="checkbox"/> Chapstick |
| <input type="checkbox"/> All prescription medications | <input type="checkbox"/> Saltines in case of nausea during |
| <input type="checkbox"/> Your post-surgical compression garment | your ride home |

_____ **Expect a pre-anesthesia call to review your state of health for surgery**

_____ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

_____ **Shower as directed.** Use an anti-bacterial, fragrance-free soap, such as Lever 2000 or dial. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

_____ **Wax or shave.** It may be uncomfortable to do so in the days immediately after surgery.

_____ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery.

_____ **RELAX!** Get plenty of rest and avoid unnecessary stress.

THE DAY OF SURGERY

_____ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

_____ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I look forward to seeing you prior to surgery in the same day surgery area of the hospital. If you have any last minute questions, we will have time to discuss them. I will also be marking you for surgery at that time.

Date of Birth: _____

Date to be admitted: _____

Reason for procedure: _____

History of Present Illness:

Past History (Psycho/Social History):

Drug or Other Significant Allergies:

CURRENT MEDICATIONS (including ASA):

All "Yes" answers require amplification or comment

| | YES | NO | Comment |
|---|-----|----|-----------------------------|
| Diabetes | | | |
| History of Steroid Treatment | | | |
| Bleeding Tendency | | | |
| Weight Loss | | | |
| Smoking: | | | |
| Currently smoking | | | |
| History of smoking | | | |
| Review of Systems: | | | |
| Pain or discomfort | | | |
| Cardiovascular: | | | |
| Chest Pain | | | |
| History of MI | | | |
| Syncope | | | |
| Other Pertinent symptoms | | | |
| Respiratory: | | | |
| Effort Intolerance | | | |
| History of Asthma | | | |
| Cough | | | |
| Other Pertinent symptoms | | | |
| Cardiovascular: | | | |
| Chest Pain | | | |
| History of MI | | | |
| Syncope | | | |
| Other Pertinent symptoms | | | |
| Neurological: | | | |
| History of Transient neurological symptoms | | | |
| Other Pertinent symptoms | | | |
| Gastrointestinal: | | | |
| Abdominal Pain | | | |
| Nausea | | | |
| History of Hepatitis | | | |
| Other Pertinent symptoms | | | |
| Reproductive: | | | |
| Other Pertinent symptoms | | | Last Menstrual Period Date: |
| Other: (musculoskeletal, endocrine, GU, etc.) | | | |

Physical Examination

| |
|--|
| |
|--|

| | | | |
|---------------------------------------|----------------------|------------|-----------|
| GENERAL APPEARANCE: | BP: | | |
| | PULSE: | | |
| | RESP: | | |
| | TEMP: | | |
| HEENT: | | | |
| NECK: | | YES | NO |
| | Bruits | | |
| CHEST & LUNGS | | | |
| BREASTS: | | | |
| HEART: | | YES | NO |
| | Murmur | | |
| ABDOMEN: | | | |
| PELVIC/RECTAL INGUINO-GENITAL: | | | |
| EXTREMITIES: | | YES | NO |
| | Venous Stasis | | |
| NEUROLOGICAL: | | | |
| ASSESSMENT/CONCLUSION: | | | |

RISK ASSESSMENT: ASA CRITERIA (Circle one)
 1. Normal healthy patient 2. Mild disease, no functional impairment 3. Severe systemic disease
 4. Disease is constant threat to life 5. Moribund, not expected to recover

Signature: _____ **Name Printed:** _____
Date of Examination: _____ **Phone Number:** _____

Re-assessment: Patient identified, chart reviewed, condition unchanged. Appropriate to proceed with planned sedation.
 Physician initials _____ Date: _____

THE JEWISH HOSPITAL PREADMISSION TESTING PROTOCOLS

| TEST | CRITERIA |
|--|--|
| History and Physical | All patients need a current health screening updated within 30 days |
| Hemoglobin | History of Anemia History of bleeding, i.e.: Hematuria, vaginal bleeding All patients who receive type and screens |
| Basic Metabolic Panel | Patients with renal disease. (BMP as close to day of surgery as possible) Patients taking steroids. (BMP within 30 days) |
| Blood Sugar | Patients who are diabetic |
| Potassium Level | Patients taking potassium depleting diuretics *see listing below Patients taking digitalis |
| Coag profile | Patients recently undergoing chemotherapy Hepatic Disease Bleeding Disorder Anticoagulant therapy taken within the last three days. |
| Blood levels of therapeutic drugs | Digitalis Lithium Seizure medications, ie: tegretol, dilantin, Phenobarbital Theophylline, depakene (if using for a seizure disorder) |
| EKG – if EKG available and patient’s health status has not changed since reading, do not repeat | Patients with cardiac and peripheral vascular disease, history of dysrhythmias, hypertension, MVP, Graves Disease, Diabetes Morbid obesity (BMI > 40) Thoracotomy surgery. Surgery planned for greater than 3 hours. |
| CXR | Patients with acute pulmonary symptoms. |
| Urine Pregnancy test | Performed on day of surgery for females with onset of menses up to one year post menses. |
| Type and Screen | According to blood bank protocol. |

DIURECTICS THAT REQUIRE SERUM POTASSIUM LEVELS

Thiazide and Thiazide-like Diurectics

**DIURIL – chlorothiazide
HYDRODIURIL – hydrochlorothiazide
NATURETIN – bendroflumethiazide
ENDURON – methyclothiazide
EXNA – benzthiazide**

**METAHYDRIN - trichlormethiazide
RENESE - polythiazide
HYDROMOX - quinethazone
ZAROXOLYN - metolazone
HYGROTON - chlorthalidone
DIUCARDIN - hydroflumethiazide**

Loop diurectics

**LASIX – furosemide
BUMEX – bumetanide
EDECIN – ethacrynic acid
DEMEDEX - torsemide**

THE CHRIST HOSPITAL
CINCINNATI, OHIO 45219
HISTORY AND PHYSICAL EXAMINATION
R-54A REV. 7/99
PAGE 1 OF 2

ADMITTING/TESTING FAX # 585-1273

DATE OF EXAM _____

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: _____

HISTORY OF PRESENT ILLNESS: _____

DRUG OR OTHER SIGNIFICANT ALLERGIES: _____

FAMILY AND SOCIAL HISTORY: _____

PAST HISTORY: _____

DIABETES: no ___ yes ___; Hx. Steroid Rx: no ___ yes ___; Hx. of Diuretic Rx: no ___ yes ___
Bleeding Tendency: no ___ yes ___

CURRENT MEDICATIONS: _____

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no ___ yes ___ specify
Weight loss: no ___ yes ___

CARDIOVASCULAR:
Chest pain no ___ yes ___
Hx of MI no ___ yes ___
Syncope no ___ yes ___
Hx. of Deep Vein Thrombosis no ___ yes ___
Other pertinent sx. no ___ yes ___

RESPIRATORY:
Hx of Asthma no ___ yes ___
Cough no ___ yes ___
Smoke no ___ yes ___
Other pertinent sx. no ___ yes ___

NEUROLOGICAL:
Hx. of transient neurological sx. no ___ yes ___
Other pertinent symptoms no ___ yes ___

RENAL:
HX: Kidney or bladder disease no ___ yes ___
Other pertinent symptoms no ___ yes ___

GASTROINTESTINAL:
Abdominal pain no ___ yes ___
Nausea no ___ yes ___
Hx of Hepatitis no ___ yes ___
Alcohol use no ___ yes ___
Other pertinent sx: no ___ yes ___

REPRODUCTIVE:
Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) _____

PHYSICAL EXAMINATION:

| | | | |
|-----------|---------|-----------|---------|
| TEMP ____ | PR ____ | RESP ____ | BP ____ |
|-----------|---------|-----------|---------|

GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no ____ yes ____

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no ____ yes ____

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no ____ yes ____

NEUROLOGICAL:

DIAGNOSIS _____

ASSESSMENT/PLAN:

SIGNATURE: _____ NAME PRINTED: _____

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you of otoplasty surgery, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Otoplasty is a surgical process to reshape the ear. A variety of different techniques and approaches may be used to reshape congenital prominence in the ears or to restore damaged ears. Each individual seeking otoplasty is unique both in terms of the appearance of their ears and expectations for results following otoplasty surgery. It is important that you fully discuss your expectations with your plastic surgeon prior to surgery.

ALTERNATIVE TREATMENTS

Otoplasty is usually an elective surgical operation. Alternative forms of management consist of not undergoing the otoplasty operation.

RISKS OF OTOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with otoplasty surgery and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of otoplasty surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Accumulations of blood under the skin may delay healing and cause scarring. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and the HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Change in Skin Sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve after otoplasty surgery.

Ear Trauma- Physical injury after the otoplasty procedure would disrupt the results of surgery. Care must be given to protect the ear(s) from injury during the healing process. Additional surgery may be necessary to correct damage.

Skin Contour Irregularities- Contour irregularities and depressions may occur after otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures used during an otoplasty. In some cases scars may require surgical revision or treatment.

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)

Surgical Anesthesia- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Asymmetry- The human face is normally asymmetrical. There can be normal differences between ears in terms of shape and size. There can be a variation from one side to the other in the results obtained from an otoplasty procedure. Additional surgery may be necessary to attempt to revise asymmetry.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the ear may heal abnormally or may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Allergic Reactions- In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Shock- In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after otoplasty surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after an otoplasty.

Damage to Deeper Structures- There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Sutures- Some surgical techniques use deep non-absorbable sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following otoplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)

ADDITIONAL ADVISORIES

Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of otoplasty surgery. This would include risks such as asymmetry, unsatisfactory surgical scar location, unacceptable visible deformities at the ends of the incisions (dog ears), loss of facial movement, poor healing, wound disruption, and loss of sensation. It may be necessary to perform additional surgery to improve your results.

Long-Term Results- Subsequent alterations in ear appearance may occur as the result of aging, sun exposure, pregnancy, menopause, or other circumstances not related to otoplasty surgery. Due to the resilient nature of ear cartilage, revisionary surgery may be necessary in order to improve or maintain the results following otoplasty surgery.

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Mental Health Disorders and Elective Surgery- It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of otoplasty. Secondary surgery may be necessary to obtain optimal results. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with otoplasty surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as otoplasty surgery or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)
CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Jennifer Butterfield and such assistants as may be selected to perform the following procedure or treatment:

EAR CORRECTION SURGERY (OTOPLASTY)

I have received the following information sheet:

INFORMED CONSENT – EAR CORRECTION SURGERY (OTOPLASTY)

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

Post-Surgical Instructions: Ear Tuck (Otoplasty)

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for following otoplasty include:

Swollen, red ears. A firm feeling or tingling of the outer ear. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort.

Consistent sharp pain should be reported to our office immediately.

To alleviate any discomfort, and to reduce swelling, you may apply cool (not cold) compresses to your ears. Do not apply ice or anything frozen directly on the skin. Soak soft plain white washcloths or gauze squares in ice water and wring out well. Apply any compress gently; do not apply any pressure, this could injure ears. Apply cool compresses for no longer than 20-minute intervals. Do not apply any heat.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- **A high fever, (over 101.5°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**
- **Any pain that cannot be controlled by your pain medication.**
- **Excessive bleeding or fluid seeping through the incisions.**
- **A severely misshapen appearance, excessive bruising or fluid retention that is localized to one side of the face or head.**

DRESSING

You will be wearing a dressing with compression around your head to support your ears as they begin to heal in their new position and/or shape. You will leave this dressing on until your first post-operative appointment (generally the day after surgery). **It is important that dressing not be removed or dislodged for any reason, except with explicit instructions from Dr. Butterfield. Doing so may significantly impair the outcome of your procedure.**

Post-Surgical Instructions: Ear Tuck (Otoplasty)

DAY OF SURGERY INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you.

_____ **Rest, but not bed rest.** While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength.
Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

_____ **Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling.
Always keep your head elevated. Do not bend forward or over.

_____ **Good nutrition.** Fluids are critical following surgery. Stick to cool, non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

_____ **Take all medication, exactly as prescribed.** Oral pain medication, antibiotics and other medications you must take include:

| | | | |
|------------------|---|-----------------|---|
| Antibiotic: | <u>Keflex</u> | <u>500 mg</u> | <u>4 x per day</u> |
| Pain medication: | <u>Percocet</u> | <u>5/325 mg</u> | <u>1-2 pills 4 x per day, as needed</u> |
| | <u>For those with specific drug allergies</u> | | |
| | <u>Other medications may be given.</u> | | |

_____ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

_____ **Relax.** Do not engage in any stressful activities. Take care of no one, including yourself. Let others tend to you.

Post-Surgical Instructions: Ear Tuck (Otoplasty)

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. If you are of age to drive, you may resume driving at 1 week.

- **Practice daily sun protection.** An SPF 30 is essential regardless of the weather or your activities.
- **You may shower as needed.** You may wash your hair gently. Do not rub your ear incisions. Apply bacitracin ointment to the ear incisions 1 to 2 x daily. Then wrap the head, as demonstrated during your first post-operative appointment with kerlix wrapping.
- **Apply skin-care cautiously.** Do not use glycolics, retinoids or other potentially irritating skincare or any hair-care products.
- **Take antibiotic medications and supplements as directed.** Take pain medication only as needed. You may wish to switch from prescriptive pain medication to acetaminophen.
- **Continue to keep your head elevated, including when sleeping.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Refrain from direct sun exposure.** If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure and wear a hat with a brim that shades your ears. Your skin is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **You may discontinue wearing a head dressing,** but continue to apply bacitracin ointment to the ear incisions 1 to 2 x daily.
- **Do not smoke.** Smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **You may begin to sleep in a modified reclining position.** However do not sleep on your side, or with your head resting on your ear.
- **Do not engage in any contact sports or swimming for the next four weeks.**

Post-Surgical Instructions: Ear Tuck (Otoplasty)

SIX WEEKS FOLLOWING SURGERY

Healing will progress; swelling continues to diminish.

- **Discomfort or tightness and tingling of the ears will resolve.**
- **You may ease into your regular fitness routine.** However, if you are going to engage in any contact sports you must wear proper protection.
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.
- **You may start using scar treatments to the ear incisions.** (e.g. Mederma).

YOUR FIRST YEAR

Your appearance will change with age. If your condition changes in any way, contact our office. Call us at any time with any of your questions or concerns.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Financial Policy Regarding Revision and Complications

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 6 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees. All patient copays and deductibles will apply.

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

Policy Regarding Employer Paperwork

Many patients have forms that must be completed by Dr. Butterfield or our office to verify surgery dates, length of absence from work, work restrictions and expected return to work date. Many employers require multiple forms with ongoing updates. We understand our patients need to comply with their employer's human resource requirements. With regret the volume and complexity of the required paperwork makes it necessary for our office to charge a fee for this service. For those patients with human resource requirements each surgery will be assessed a \$20.00 fee for completion of all forms. All spouse paperwork will also be assessed a \$20.00 fee.

Please ensure all forms are in our office at least two weeks prior to your employers due date marked "Attention Nurse – Employer Forms". Include the address or fax number where all completed forms are to be returned, due date and your contact information should questions arise. The \$20.00 fee may be paid to the receptionist at the time of your pre operative appointment.

My signature below, indicates that I understand and agree to the above policies.

Signature _____ Date _____
Witness _____