

Otoplasty

MEMORIZE THIS PAPER PRIOR TO SURGERY

What to Expect From Otoplasty

Ear surgery, also known as otoplasty, can alter the size of the ears, correct deformities and set protruding ears back closer to the head. The operation is usually performed on an outpatient basis under sedation and local or general anesthesia.

The ears are usually bandaged with a dressing that wraps around the head in a turban-like fashion for several days. Initial mild postoperative discomfort is easily controlled with oral medication. The procedure is appropriate beginning at age 5 or 6 or at any time thereafter.

A patient should expect the ears that have normal folds and shape with normal protrusion from the side of the head after the otoplasty procedure.

The Pre-Operative Visit

This visit will be scheduled approximately two weeks before surgery. It will give you an opportunity to ask questions you might not have asked previously. We will review your medical history, give you a pre-operative examination, and discuss what to expect during surgery.

If you are over forty years of age or have a history of heart problems, we will arrange for an electrocardiogram and lab tests. We will also take preoperative photographs, which become a permanent part of your medical record and remain strictly confidential. Your operative consent will be read and signed, preoperative instructions reviewed, and prescriptions given to you at this visit. Your fees will be due at this time. Facility and anesthesia charges are separate from the surgeon's fee. Please refer to your pre-operative instructions for balance and payment information.

Pre-Operative Guidelines:

Cleanser: Bathe your entire body with Hibiclens body wash the 2 nights prior to surgery and again the morning of surgery. Hibiclens body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

Smoking: Smoking or nicotine use (chewing tobacco, nicotine gum, snuff) can have a severe detrimental effect on wound healing. The nicotine decreases the vital blood supply to the skin and can cause poor healing or even skin death. **STOP ALL NICOTINE PRODUCTS 2 MONTHS BEFORE AND AFTER SURGERY.**

Caffeine: Excessive use of products with caffeine such as coffee, tea, or soft drinks, especially Diet Coke, can have similar effects as nicotine. **STOP ALL CAFFEINE PRODUCTS 2 WEEKS BEFORE AND AFTER SURGERY.**

Medications: Do not take aspirin or ibuprofen for four weeks before or two weeks after your surgery. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

WHAT TO EXPECT DURING SURGERY

An otoplasty is usually performed under general anesthesia. A board certified anesthesiologist or anesthesiologist will be present to make you comfortable and unaware throughout the procedure.

Before surgery begins Dr. Toledo will talk with you. You will be asked to change into a surgical gown and will be taken into a private operating room. An intravenous line will be inserted into a vein in your arm. This will make it possible for the anesthesia provider to administer fluids and to deliver the necessary medications to make you comfortable. Monitoring devices will be connected to you to assure your safety.

Your otoplasty will take from 1 to 2 hours, depending on the amount of correction. If performed in conjunction with other procedures, surgery will naturally take longer.

After surgery is completed, the incision will be closed with sutures, and the ears supported with bandages.

What Happens After Surgery:

You will be transferred to a recovery room adjacent to the surgical suite, where you will be continuously monitored as you recuperate from the effects of the surgery and anesthesia. You will be allowed to go home after a recovery period of one to two hours, or transferred by our nurses to a facility for a planned overnight stay. You should feel fine, although it is not unusual to expect some minor discomfort.

You must arrange for a responsible person to be with you 24/7 for at least 2 days. We will give them instructions for care before you leave. Have them read this paper prior to your surgery. This is absolutely necessary, as you will not be able to care for yourself immediately following surgery. They will be required to wake you periodically throughout the first night to ambulate. NOTE: If you live out of town, you must make arrangements to stay within a thirty-minute drive of the center for the first twenty-four hours after surgery.

Because everyone is different, it is impossible to write postoperative instructions that apply equally to everyone. For example, some patients can have sedation vs. general anesthesia or outpatient vs. inpatient surgery. Some patients have only a single procedure and others may have multiple surgeries in a single setting. Use these instructions as a general guideline, but don't panic if we vary on some issues.

Postoperative Guidelines,You should expect:

- ◆□The ears usually look "normal" within 10-20 days.
- ◆□Usually headband is worn at night for 3 weeks after the first dressing is removed to protect the ears.
- ◆□Contact sports should be avoided for about 6 months.

◆ The specific risks and the suitability of this procedure for a given individual can be determined only at the time of consultation. All surgical procedures have some degree of risk. Minor complications that do not affect the outcome occur occasionally. Major complications are unusual.

Post Operative Instructions:

Very Important: If you have excessive bleeding or pain, call the office at (214) 363-4444, day or night.

Sleep: Elevate your head to decrease the swelling. Do not lie on your sides for 7-10 days after surgery. Sleep on a soft pillow with a cutout for the ears for 1 month. If you wear glasses, modify the temple pieces of the glasses to avoid putting pressure on your ears.

Dressings: **Do not remove the dressings.** Dr. Toledo will do this 3-5 days after surgery. Once the dressings are removed, avoid pulling on the stitches or bending the ear forward. Another yellow gauze is sutured to the ears and cannot get wet in shower. This gauze is removed in 7-10 days. Wear the headband at night for 3 weeks after the gauze is removed. Wear a headband over the ears for 6-8 weeks after surgery when sleeping or during sports activities.

Wound care: If there is crusting along the suture lines behind the ears, apply antibiotic ointment (Polysporin or Bacitracin) after cleansing with soap and water.

Activity: Take it easy and pamper yourself. Try to avoid straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable. Resume exercise and sports in 3 weeks. **AVOID ANY ACTIVITY THAT MAY TRAUMATIZE THE EARS FOR 6 MONTHS.** Contact sports, wrestling, football helmets, diving in water, etc.

Driving: Please don't drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.

Diet: If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the suppository. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.

Call (214) 363-4444 if you have:

- ◆ Severe pain which doesn't respond to medication.
- ◆ Significant swelling, and/or unrelenting pain which occurs more on one side than the other.
- ◆ Redness, warmth, or rash-like formation on the skin.
- ◆ Deep pain in the legs/calves; which may indicate a blood clot.
- ◆ Shortness of breath or labored breathing can be a sign of blood clots in your lungs.

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- ◆ Any other problems or questions not answered on this sheet.

Possible problems and complications:

No surgical procedure is without risk. Most complications associated with otoplasty, however, are minor. Here are some possible problems:

- ◆ Collection of blood or serum under the skin (hematoma), or (seroma). This can be removed and the reason for the drain and postoperative compression.
- ◆ Temporary crusting which forms on the incision.
- ◆ Numbness or loss of sensation in the area of operation is normal.
- ◆ Extraordinary sensitivity in the abdominal area. This occurs with some patients, but disappears in time.
- ◆ Depression. With aesthetic surgery, as with other surgical procedures, this sometimes occurs postoperatively. This is generally attributed to the normal response of the body to surgery and anesthesia.
- ◆ Asymmetry. No patient is identical from side to side. Small differences exist in all patients. In the occasional patient with a major difference, this can usually be improved with a secondary procedure.
- ◆ Hypertrophy or keloid scarring – this can be treated with cortisone injections, tape, or possibly scar revisions. This problem is frequently seen in dark pigmented individuals.
- ◆ Poor scarring is the single biggest drawback to this surgery. Scars will stay red for months. These will eventually fade unless you have a dark complexion.
- ◆ Poor healing of skin.

Potential but unlikely complications:

- ◆ Infection and/or abscess under the skin – can be treated.
- ◆ Loss of a small area of skin (necrosis); this usually occurs in smokers, caffeine addicts and obese people. These patients have a limited blood supply to the skin, which when elevated and placed in tension, can compromise the skin and fat survival.
- ◆ Deep venous thrombosis (blood clots) affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other area, causing severe damage to that organ or even death.
- ◆ Other complications of a severe nature, which could be life threatening.

INFECTION ALERT

There is evidence of an increased incidence of MRSA (methicillin-resistant Staphylococcus aureus) and other antibiotic resistant bacteria in our community. In the past, these resistant bacteria were typically found only in hospitals, but they are now found everywhere. Frequently people can be a carrier of the bacteria without their knowledge. An infection with this bacteria can cause severe damage to the skin and even death. We are diligent in cleaning and sterilizing our facility and try to limit the exposure of outside bacteria from patients into our surgery center. We therefore have implemented the following hygiene steps to help prevent the contamination of our facility and

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therefore decrease your postoperative infection risk. Bathe your entire body with Hibiclens body wash the 2 nights prior to surgery and again the morning of surgery. Hibiclens body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery

The instructions above are general and some portions may not apply to all patients. Changes in the instructions depend on your medical history, number and type of procedures and type of anesthesia.

YOU MUST ENTER INTO SURGERY FULLY UNDERSTANDING NOT ONLY THE BENEFITS, BUT ALSO THE POSSIBLE PROBLEMS. ON RARE OCCASIONS, MINOR REVISIONS MAY BE NECESSARY TO ENHANCE THE FINAL RESULTS.