

PRE-OPERATIVE INSTRUCTIONS FOR OTOPLASTY SURGERY

THREE WEEKS BEFORE SURGERY:

- Laboratory and EKG (if required) must be done. If you are having your preoperative testing at a lab other than the ones we suggested, please have the written results of this testing arrive at our office one full week before surgery (our fax number is 585-271-4786).
- SURGERY WILL NEED TO BE RESCHEDULED IF THERE IS ANY CHANCE YOU ARE PREGNANT.
- All fees are due, including surgical, facility and anesthesia.

TWO WEEKS BEFORE SURGERY:

- Do not take any products containing aspirin, ibuprofen (e.g. Advil, Motrin), or Vitamin E. Check with your primary care physician or cardiologist prior to stopping a daily aspirin. Check with your pharmacist when taking any over the counter medications. Many pain relievers; cold and sinus medications contain aspirin or ibuprofen. Tylenol is OK.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or "the patch." Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk for complications when receiving anesthesia.
- Start taking 1000 mg of Vitamin C three times per day. This helps with the healing process.
- If your destination after surgery is more than 30 minutes from the office, you must make arrangements to stay in a hotel on the night following surgery. A list of hotels can be obtained from any staff member.

ONE WEEK BEFORE SURGERY:

• Do not drink alcohol for 1 week before and after surgery.

DAY BEFORE SURGERY:

- The Surgery Center will call you before noon to inform you of your arrival time for surgery.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (THIS INCLUDES WATER, CANDY AND GUM CHEWING). Surgery may be cancelled if this is not followed. A fasting state is required in order to receive sedation/anesthesia for surgery. The only exception is medication, which we will instruct you to take with a sip of water the morning of surgery if needed.

DAY OF SURGERY:

- Go to suite 101 (Lindsay House Surgery Center).
- You may shower and shampoo the morning of surgery.
- Do not wear makeup or use hair sprays/gels.

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- NO ACRYLIC NAILS OR NAIL POLISH (INCLUDING GEL/POWDER). NO EYELASH EXTENSIONS OR MASCARA (flammable).
- No contacts.
- Avoid clothing that must be pulled up over the head.
- Do not wear jewelry of any sort or bring valuables to surgery.

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POST-OPERATIVE INSTRUCTIONS FOR OTOPLASTY SURGERY

These instructions should be carefully read and followed. They are designed to answer the most commonly asked questions regarding post-operative care.

ACTIVITY:

- Limit your activity sharply over the first week following surgery.
- You are encouraged to walk about the house, but avoid bending over at the waist, picking up heavy objects or straining of any kind.
- When you rest or sleep, keep your head elevated 2-3 pillows and avoid turning of your side. If you overexert yourself, bleeding or prolonged swelling may result.
- Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better. Anger, crying or other emotional outbursts will only add to the swelling or increase the likelihood of bleeding.
- Avoid bending, lifting, pulling, pushing, straining and aerobic activities for 3 weeks.
- You may return to regular exercise 3 weeks after surgery. Moderately strenuous exercise or contact sports should be avoided for at least 6 weeks.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from develop in the legs.
- Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- Take deep breaths often when you get home for the first 24 hours after surgery. This helps to expand the base of your lungs.

ORAL INTAKE:

- Alcohol consumption should also be limited as this may raise the blood pressure and initiate bleeding. Do not drink alcohol during the first week.
- Drink plenty of fluids following surgery, as dehydration can contribute to nausea.
- Avoid foods that require much chewing, such as steak. Soft foods may be easier to eat.
- Small amounts of food 20 minutes before taking postoperative medications (especially pain medications and/or antibiotics) can prevent nausea.
- If you vomit or feel nauseated, you should delay food and pain medications until the nausea passes.
- Take only 2-3 ounces of clear liquids at hourly intervals until the nausea subsides. If this symptom persists, call for anti-nausea medications, as subsequent vomiting may be harmful and lead to complications.

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BATHING:

- You can gently shampoo your hair on postoperative day 5.
- Please refrain from showering for the first 7 days after surgery. You will be allowed to take a shower on the morning of postoperative day 7 prior to your follow-up appointment
- In the meantime, you can bathe, but do not submerge your head in the water.

PAIN, SWELLING, BRUISING, INFECTION:

- You will experience some discomfort after your otoplasty procedure. Please take your pain medication as needed. If the prescribed medication does not control the pain, please contact our office.
- Some swelling and bruising of the ears is to be expected. Bruising can be minimized with Arnica, an herb that will be provided by our office.
- Swelling and bruising is maximal at 48 hours after surgery and gradually subsides over the following 10 to 14 days.
- Your final results will occur between 6-12 months. There may be some asymmetry of the ears initially due to swelling on one side more than the other.
- Infection is unusual. Fever, localized swelling with redness and tenderness may signify a developing infection and should be reported. Appropriate treatment will be initiated.

OTHER COMMON INSTRUCTIONS AFTER SURGERY:

- A responsible adult must provide transportation for you after surgery (public transportation is not permissible) and remain with you until the morning following the procedure. If you are having several procedures, you may need or prefer assistance for 1-2 days following your procedure.
- You will need to arrange transportation for your appointment at our office on the day following surgery. Do not drive for 24 hours after surgery or anytime that you are taking pain medications.
- There is a side door that you can enter our building for privacy for your post-operative appointments. However, <u>PLEASE DO NOT USE THIS DOOR ON A SATURDAY</u>.
- You must stay within 30 minutes of the office on the first night after surgery. These arrangements must be made before surgery.
- Avoid making major decisions or participating in activities requiring judgment for 24 hours after surgery.
- Smoking should be strictly avoided as it interferes with the blood supply to the healing tissues and slows subsequent healing.
- Take all medications as instructed postoperatively.
- Avoid excess sunlight to the ears for at least a year. Even mild sunburn may cause prolonged swelling or irritation of the healing incisions. Use sunscreen with zinc oxide and SPF 20 or greater to help decrease the visibility of the scar.
- Do not compare your progress with that of other patients. Remember that everyone's healing process is unique. Also, if you have any questions or concerns, call on us. Your family and friends may mean well, but you can receive wrong information.

INCISION CARE:

• Keep your dressings dry. We will remove your dressing on the first day after surgery.

- We will provide you with a headband that should be worn continuously for the first 5 days. It should only be removed to preform incision care. After 5 days, you will continue to wear it for an additional 7 days only while you sleep. This helps to hold the ears in good position and protect them.
- Incisions are behind the ear. Use a Q-Tip to apply hydrogen peroxide to the stitches, followed by at Q-tip to apply polysporin antibiotic ointment. Do this twice daily.
- Sutures are typically removed between day 5-7 after surgery.

CALL THE OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING EMERGENT ISSUES:

- Fever of 101 degrees or greater
- Pain not relieved with pain medication
- Swelling, redness, bleeding, and or/foul smelling drainage from an incision site
- Significant asymmetrical swelling in a bilateral procedure
- Bleeding that does not respond to uninterrupted direct pressure for at least 20 minutes
- Problems with drains that are not solved using the troubleshooting instructions that are provided
- Persistent nausea and/or vomiting

Emergent surgical issues can be addressed on evenings or weekends via our on-call EMERGENCY line (585-258-4851).

*General medical questions can be addressed during regular business hours M-F 8:30am-5pm (585-244-1000).

The Patient Consultant will make your post-operative appointments and collect any fees.

If I have any questions with regards to the content of the videos and/or my expectations with respect to my participation in my pre-operative preparation, I will review all questions and any concerns with the Advanced Practice Provider during my in-person, pre-operative appointment.

Patient Signature:	Date:
Patient Name (print):	
Witness Signature:	Date:
If patient is a minor:	
Parent Signature:	Date:
Parent Name (print):	
Witness:	Date:
Parent Name (print):	

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FREQUENTLY ASKED QUESTIONS

1) When can I wash my hair or take a shower?

You may take a gently wash your hair on the fifth post-operative day. On the day that sutures are to be removed (typically day 7), shower/shampoo your hair before the visit, otherwise wait one day after suture removal before washing your hair/shower.

2) When can I go back to school/work?

Children can typically go back to school within 3-4 days after surgery. Adults may return to work after one week or before depending upon the person or type of work they do.

3) When can I return to gym class or exercising?

Children are allowed to return to gym class in 3 weeks but no contact sports for 6 weeks. No straining, lifting or pulling during the first 3 weeks as this can increase swelling. Please inform our clinic staff if your child needs a note excusing them from gym class activities. Adults may return to regular exercise in 3 weeks but again no contact sports or strenuous activity for 6 weeks.

4) How long should I expect to have bruising and swelling?

It is difficult to predict how much swelling or bruising an individual will have after surgery. However, bruising is typically gone within 10 -14 days. You may camouflage bruising with makeup by day 7-10 days if needed. Initial swelling may take 2-3 weeks to subside, but keep in mind final results may take anywhere from 6-12 months. Healing from otoplasty to evaluate the final result takes one full year. Sleep with your head of the bed elevated on 2-3 pillows for the first week.

5) Are there any dietary restrictions after surgery?

No, although we do recommend that you start off with clear liquids (broth, jello, juice) the day that you get home from surgery to make sure your stomach feels okay after receiving anesthesia. If you do not have any nausea, then proceed to a regular diet. We encourage you to drink plenty of fluids (8-10 glasses of water) each day to prevent you from becoming dehydrated.

6) Can I drive myself home after surgery?

Although otoplasty is done on an outpatient basis, you will need a responsible adult to bring you to the surgery center and to bring you home. We also ask that you have someone bring you to the office the next morning for your first postoperative visit. After that, you can drive as long as you are not taking narcotics.

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INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about otoplasty surgery, its risks, as well as alternative treatment(s). It is important that you read this information carefully and completely. Please indicate that you have read the entire document and sign the last page of the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

Your surgery will be performed safely and with care in order to obtain the best possible results.

You have the right to be informed that the surgery may involve risks of unsuccessful results, complications or injury from both known and unforeseen causes. Because individuals vary in skin textures, tissues, circulation and the healing process, as well as anesthetic reactions, there can be no guarantee made as to the results or potential complications.

The following complications have been reported in the medical literature. They are listed here for your information, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

OTOPLASTY (EAR SURGERY)

Infection or chondritis: inflammation of the cartilage or skin with possible damage to the cargilage-1%

Hematoma: a swelling or mass of blood (usually clotted) caused by a break in a blood vessel-0.8%

<u>Hypertrophic scar or Keloid</u>: an overgrowth of scar tissue, this occurs more commonly in Black people (11%) than Caucasians (2.1%).

Hypesthesia: decreased or abnormal sensation may be a complaint for varying periods of time.

<u>Narrowing of the external ear canal</u>: this rare complication which may occur, may require surgical correction to release some of the modified cartilage impinging on the ear canal.

<u>Suture extrusion & bowstring</u>: occasionally when permanent sutures are used to maintain shape, they may become evident through the skin and may require removal.

<u>Unfavorable results</u>: these may occur at any time following surgery and include inadequate correction, recurrence, contour distortions or asymmetric correction, which may require secondary operation.

I have read the complication list and am aware that any of the following may occur.

Patient Signature:	Date:
Patient Name (print):	_
Witness Signature:	Date:
If patient is a minor:	
Parent Signature:	Date:
Parent Name (print):	
Witness:	Date:

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