



OTOPLASTY (EAR SURGERY) PRE AND POST OP CARE INSTRUCTIONS

TWO WEEKS PRIOR TO SURGERY

- Have finances in place for payment in full at pre-op appointment
- Make arrangements for someone to take you to and from surgery and to be with you non-stop first 24 hours after surgery. Please have someone able to help you at least 2 times per day the next 72 hours.
- Most patients will not require medical clearance, but if your plastic surgeon has asked for this, please make sure it is done with a report in hand in time for your pre-op appointment.
- Stop the following medications and supplements:
 - All aspirin products
 - All diet aids or appetite suppressants including prescription and herbal products
 - All herbal supplements
 - All high dose individual vitamin supplements (see below for vitamins that can be continued)
 - All BCP's, female hormone supplements herbal or prescription including creams
 - Vitamin D, Iron, calcium, vitamin B12, vitamin C and single tablet multivitamins may be continued through day of surgery.
- Make a written list of your questions for your surgeon to have answered at your pre-op appointment.
- Let your surgeon know if you are very prone to pre-procedure anxiety so that additional medication may be prescribed.
- Please let your surgeon know if you have a history of nausea after anesthesia because additional medication can be prescribed for this.

AFTER YOUR PRE-OP AND UP TO NIGHT BEFORE SURGERY

- Fill all prescriptions provided to you at your pre-op appointment
- Obtain all dressing supplies and over the counter ointments such as polysporin
- Confirm your care-giver is available
- Make sure you have a follow-up appointment scheduled anywhere between 3 and 8 days after surgery
- Get plenty of exercise (patients who exercise regularly come through surgery more smoothly)
- One alcoholic drink is permissible the night before surgery, but certainly do not drink to excess the night before surgery.
- Nothing to eat or drink after 11pm the day before surgery.
- Try to get a good night's rest the day before surgery, however many individuals are anxious and excited the night before and do not sleep the entire night. This is normal and will not affect the results of surgery.
- If prescribed transderm scopolamine, place this on your shoulder the night before surgery
- Please set your alarm to give plenty of time to be at the facility on time: you must be at the facility no later than 60 minutes before your surgery is scheduled to start.

THE MORNING OF SURGERY

- Take all blood pressure medications that are normally taken in the morning with a sip of water
- If you are on oral tablets for diabetes to lower blood sugar, such as Metformin, do not take that medication the morning of surgery. If you are on injectable medication for diabetes, such as insulin, check with your surgeon about how the morning insulin should be handled
- If prescribed Emend for post-op nausea, take that medicine as well with a small sip of water.
- Dress in loose comfortable clothing (ie a shirt that zips or button in the front, not a pullover, and comfortable bottoms, pajama, sweat or lounge pants) shoes that are easy to slip on.
- Do not wear contact lenses, hearing aids, hairpieces or hairpins. Cell phones should be left with caregiver or at home.
- If at all possible, do not bring personal valuables such as purse, jewelry, cash or wallet
- Your family or caregiver is welcome to wait for you in the waiting room, however they may leave during the procedure provided they leave a cell phone number so that they may be contacted. They will have an approximate time to come back and will be contacted by cell phone with any changes in the schedule. We want the caregiver rested and engaged and ready to offer assistance when you are through surgery.
- Put in the car a pillow, blanket, sprite, and water for ride home. We also recommend a plastic liner and towel on the seat or headrest for the ride home for any leakage that is normal after the procedure.

AFTER YOUR SURGERY: THE FIRST 72 HOURS

- You will wake up in recovery room with a recovery room nurse attending to you. They will be at your side to assist with you waking up and can offer medications as needed.
- Sleep with your head elevated for the first two weeks postop and preferably on your back as to not lie on your ears.
- Most otoplasty patients have only mild pain or the feeling of tightness in their face or neck. It is normal to have some temporary burning discomfort.
- You will be assisted to your car after you are suitably recovered from your procedure.
- Bruising and mild swelling that is symmetric in nature are normal.
- Small drops of blood and oozing from the incisions are very common the first 24 hours. Commonly there is a drop or two every 1-2 hours in front of and behind the ear. This is normal. This should not be tablespoons of blood and should not be so much that it runs onto clothing: should that occur apply direct pressure to the area and call your surgeon.
- We want you to get up and walk every 1-2 hours for the 16 hours you are not sleeping. We also want you to use the incentive spirometry device to open up the lungs on the same interval (hence our expression “walk and breathe every hour”).
- If your drive home is over 90 minutes, we recommend stopping every hour for a quick walk at available rest stops or gas stations.
- We want you to push fluids orally when you get home with water or juices. When you are hungry, you may eat any food you like, but would recommend small portions initially. Smoothies or soups are ideal the first night home.
- Starting the day of surgery, we encourage staying up with lights on and curtains open during the day with lots of daytime stimulation. Unless part of your normal routine, we discourage long daytime naps, especially in the afternoon, because falling asleep at night will be more difficult. Sleep with your head elevated the first 72 hours.
- Small ice packs can be used for the ears (15 minutes on and 15 minutes off).

- Mild temperature elevation is very common the first 72 hours after surgery (99-100 degrees F) and is normal. Most temperature elevations respond to walking and doing the breathing exercises. Call for any temperature elevation over 101 that lasts more than 8 hours and does not respond to walking and incentive spirometry breathing exercises.
- Resume all prescription medications, especially blood pressure medications the night of surgery but certainly no later than the next morning.

INCISION CARE

- Avoid touching or rubbing of ears
- Leave the dressings on after your ear surgery until your first post op appointment or as instructed by your surgeon. After the first set of dressings are off you may get in the shower and get all incisions and your hair wet in a shower the day after surgery. We recommend a mild soap such as Johnson's baby shampoo. You may shampoo the hair, just be **gentle** around the incisions and avoid pulling or rubbing of the ears. After drying off the hair, apply polysporin ointment to all incisions with a Q-tip. It commonly takes several shampoos to get all the dried blood out of the hair: this is normal. Afterwards, you should reapply a thin layer of gauze behind and in front of the ear and then a light ace wrap.
- If using a hair dryer after surgery, do not use the hot or warm setting in that burns may occur due to the skin being numb. Use the cool setting only.
- If any external sutures are present, they are removed at either the first or second visit.

AFTER SURGERY WHAT TO EXPECT

- Some patients will have a turban like dressing around the head and ears postoperatively. Leave this alone until your first post op visit, usually 3-5 days after surgery, when your surgeon will remove this for the first dressing change.
- Maximum swelling after the surgery is usually 24-48 hours after the surgery. Bruising will commonly worsen over the first week before improving. The majority of swelling and bruising is improved by two weeks post op, but some subtle swelling can last 6 months. This is normal.
- Make-up can be applied to the face several days after the surgery. Do not apply make-up to any raw or open areas or to an area with an eschar (scab). If you have a question about when exactly you can start, check with your surgeon.
- Hair styling with simple shampoo and blow drying with cool air can occur within days of surgery. Hair coloring normally needs to wait until all incisions have been healed without drainage for a minimum of one week. This point is commonly not reached until 4 weeks post-op.
- Some patients may require small drains left in place, to be removed by the doctor. If you have these placed, you will be instructed on recording the output and care of the drains.
- There may be a noticeable ridge in the skin in the front of the ear in the "bowl" which is normal and will resolve with time.

ACTIVITIES AFTER EAR SURGERY

- After the original dressing is removed, it is important to wear a headband (or scarf, or even a winter cap or hat) over the ears for the first 6 weeks, especially at night to prevent pulling on the sutures holding the ears in position. It is OK to take the band off to shower or during the day if you are relaxing and not likely to disturb the operative site.
- Walking every hour or two needs to start when you get home from surgery.
- Longer walks outside the home or on a treadmill are acceptable after the drains are removed.

- Avoid heavy lifting (over 20 pounds), bending over, heavy aerobics, weight lifting, and sexual activity for at least 10-14 days after surgery. You may gradually take on those more vigorous activities after 10 days post-op but check with your surgeon if you have concerns.
- Traveling by airplane is best to be avoided until after the first post op visit. After that point, air travel is normally permissible so long as you are careful to avoid heavy luggage lifting until over 10-14 days from surgery. Traveling by car is acceptable immediately after surgery, but long car rides must be broken up every hour for short walks.

WHAT TO CALL FOR

- Significant ear swelling, especially over the size of a grape.
- Nausea and vomiting that persists after 24 hours from surgery.
- Persistent fever over 101 degrees that does not respond to walking and breathing exercises.
- Any severe or increased pain not resolved with the pain medication.
- Significant bleeding from the incisions that does not respond to 10 minutes of direct but gentle pressure.
- Any increased redness around the incision (a few millimeters of redness around the incision is normal however).
- Any yellow or greenish drainage from the incision or a foul odor from the drainage.
- If you have a serious medical problem unrelated to your surgery, such as sudden onset of chest pain, shortness of breath, sudden loss of control of motion on one side of your body, or sudden slurring of your words, please call 911.