

OTOPLASTY

AFTER CARE INSTRUCTIONS

GENERAL INFORMATION:

Otoplasty is a general term for surgical correction of the prominent ear. Over projecting or prominent ears are significant congenital ear deformities that are a source of teasing and social embarrassment for a young child. The prominent ear can be present at birth and can be molded at a very early age (younger than 6 weeks) with a simple soft hat or headband. After this time, the external ear develops over the first three years and after that the ear prominence can be fully evaluated. There can be multiple components to the prominent ear, including effacement of the upper fold of the ear, enlargement of the conchal bowl, or a combination of the two. Prominence can be mistaken for cupping or constriction of the ear, which may require a different operation for correction. In order to correct the prominent ear, the cause of the prominence should be identified and usually 2 out of the 4 causes should be addressed in order to give a natural and long lasting correction. The operation can be performed at earliest at the 3rd year of age, but more commonly in between kindergarten and the first grade. Otoplasty can be performed at any point after this age. The otoplasty operation usually takes under two hours and is an outpatient operation/procedure. The ear prominence is corrected through an incision in the back of the ear, which enables folding, suturing and reducing the ear prominence. The sutures are internal and usually a simple headband dressing is all that is needed. Scarring is usually minimal and the most common risk is partial recurrence of the prominence. An otoplasty consultation with photographs is an important component to planning an otoplasty, or ear pinning procedure with Dr. Trussler.

PREPARING FOR SURGERY

One Week Prior to Surgery:

- Stop all Aspirin, NSAIDs (Motrin™ (Ibuprofen), Alieve™ (Naprosyn), etc.) and Vitamin supplements containing fish oil and Vitamin E, 1 week prior to surgery, as they can all promote bleeding.
- Have requested study results (labs, mammogram, medical clearance, etc.) forwarded to the office.
- Pick up 4 x 4 gauze, triple anti-biotic ointment (Neosporin™ or generic), Refresh™ Plus/PM if eyelid surgery is planned, Hibiclens™ Skin Cleanser, and paper tape at the pharmacy.

Three Days Prior to Surgery:

- Start Hibiclens™ Skin Cleanser (available at pharmacy) as a face wash for all facial cases.
- Start Bromelain 3 days ahead of surgery (2 pills 3 times per day on an empty stomach).
- Arnica is provided and should be started after surgery (3 tabs sublingual 3xday).

THE DAY OF SURGERY

- Wear something loose and comfortable that has a zipper in the front.
- Nothing to eat or drink after midnight.
- If you take routine medications, it is appropriate to skip your morning dose of medications. Please discuss taking thyroid medication, cardiac and/or blood pressure medications prior to surgery.
- Bring your prescribed post-surgical medications with you, for use immediately after surgery, if needed.
- Arrive at the surgery center at least one hour prior to the surgery start time.

POST-OP CARE:

Have someone drive you home and stay with you for 1-2 days.

Medications will be called to your preferred pharmacy prior to surgery.

- Take pain medication and muscle relaxers as prescribed. Do not drink alcohol with these medications. Over the counter stool softeners and/or laxatives should be taken with the pain medication to prevent constipation. Colace, Biscodyl, Milk of Magnesia are all available at your pharmacy and can be taken as directed.
- Ibuprofen (Motrin) can be started the day after surgery. **Take one to two tablets every 6 hours for 2 days and then as needed.**

Do not smoke or be around smokers as smoking even second hand smoke delays healing and increase risk of complications.

Get plenty of rest. The general anesthesia, oral steroids and/or pain medication can all promote insomnia; therefore a sleep aid may be taken if needed.

Follow a well balanced diet to include protein and limit the amount salt intake. Protein supplementation can be started one to two weeks before surgery and should include over 30 grams of additional protein. This should be continued for three weeks after surgery. A high salt diet or meal, can lead to increased swelling and prolonged recovery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however Dr. Trussler recommends you maintain your daily average of caffeine to avoid headaches.

ACTIVITIES:

Keep the operative ear dressing on for one week or until you see Dr. Trussler in the office.

Sleep with your head on 2 pillows or in a recliner for the first 2 days.

Do not drive for 5 to 7 days and/or when you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 3-4 weeks after surgery (keep your heart rate under 100 beats over one minute for 3 weeks).

Cardiovascular exercises can be resumed gradually after 2 weeks

Heavy lifting/stretching (Yoga) can be resumed after 4 weeks.

INCISION CARE:

The incisions for otoplasty are usually located in the back of the ear and are closed with dissolvable sutures.

Dr. Trussler does close the incisions with stitches under the skin and one simple absorbable stitch in the skin. The incision is then covered with non-adherent yellow gauze.

Care should be taken to avoid compression or force to the ear(s) as there are fine sutures in the cartilage holding it in place.

Minimal drainage is to be expected from the incisions.

You may shower the day after the operation but keep the operative dressing dry. Make sure someone is with you at your first shower.

You may gently begin washing your incisions with mild soap and water after the operative dressing is removed (usually one week), but do not submerge the incisions for at least 2 weeks.

If you have persistent sutures they will be removed in 7-14 days.

An athletic head-band is to be worn at night for 3 weeks after the initial operative dressing is removed. This helps to gently protect the otoplasty.

WHAT TO EXPECT AFTER:

Mild swelling in the areas is expected; this will subside in one week.

Bruising and swelling may spread to surrounding areas.

It is common to have discomfort and mild burning around the incisions after surgery – this is normal, and will improve shortly after surgery.

You can expect some slight oozing (bloody) from the incisions. Gauze can be reapplied if it is bothersome. However, you should call the office if you have a continuous bleeding, significantly more swelling on one side than the other, or any severe pain and associated swelling.

There may be a feeling of numbness of the areas that will subside with time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the areas of sutures. This will resolve when the stitches dissolve or are removed.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and pick-up a stool softener and/or laxative with your prescription medications.

Recommendations include:

- Docusate (Colace) 100mg orally twice daily when taking pain medication
- Milk of Magnesia 30cc/1 tbsp. twice daily when taking pain medication
- Prune juice or Sorbitol orally
- Biscodyl or Magnesium Citrate as needed for constipation

WHEN TO CALL THE OFFICE:

- If you have increasing swelling, bruising and redness around the incision.
- If you have sever pain not relived by pain medication.
- If you have any side effects from medication: rash. nausea. headache. vomiting.

- If you have fever over 101.
- If you have yellow or greenish drainage from incision or notice a foul odor.
- If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions, please call the office at 512.450.1077. Dr. Trussler should be paged/called on his cell phone for any urgent or emergent medical issues.

FOLLOW-UP CARE:

Incisions will be evaluated and persistent stitches will be removed if not dissolved in one week. Generally they are dissolvable and will fall out.

It is important to be seen by Dr. Trussler 1 week after your procedure. You will then schedule follow up visits at 3 weeks and 6 weeks post-op. Pre and Post-op photos will be performed at 6 months and/or 1 year.