OTOPLASTY (EAR PINNING SURGERY) INSTRUCTIONS

What Can I Expect After Surgery?

After your operation, a bulky bandage dressing will be wrapped around your head, fully covering the ears. There will be a fair amount of pressure associated with this dressing.

There will be a mild to moderate amount of pain and discomfort associated with the surgery. This should be easily controlled with oral medications. Most children require only plain Tylenol (acetaminophen, Tempra). Tylenol with codeine (or equivalent if allergy to codeine exists) is generally always sufficient for adults.

The discomfort and pain should begin to decrease within 48 hours after surgery and a significant increase in pain after this period should prompt you to call the office.

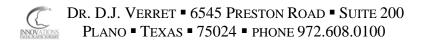
Hairstyling and shampooing are obviously a problem after your surgery until the dressings are removed. Getting the hair wet is not recommended until the dressing is removed.

As a result of the packing that is temporarily placed at the entrance to your ear canal at the time of surgery, you will experience a "plugging" sensation to your ears until your dressing is removed.

It is of utmost importance to tell Dr. Verret ahead of time if you have ever been on Accutane, received radiation therapy to the head or neck, or taken steroids or immunosuppressive agents. Immunosuppressed patients (HIV positive, chemotherapy, diabetes, etc.) and patients with certain autoimmune disorders may not be good candidates for this procedure as the risks of poor healing and infection leading to permanent scarring and poor esthetic results may be much higher. It is mandatory that you inform Dr. Verret if you have any of these conditions before surgery.

Things To Remember

- Make arrangements to have someone drive you to, and from, your surgery. You will likely need someone to assist you in driving for at least a week after surgery.
- If you live more than 30 miles from our office, you should plan on staying in Plano with friends, family or in a hotel for 2-3 days following surgery.
- Arrive for your surgery in loose, comfortable clothing. Your top should button or zip rather than pull over your head.
- It will be easier and more practical to wear tops which button or zip rather than pull over your head for the first week while the dressing is in place.
- Having someone stay with you on at least the first night after your surgery is highly recommended.



- Be sure to fill your prescriptions before your surgery since it means one less thing for you to worry about afterwards. Take the vitamins and antibiotics until your supply is exhausted; the prescriptions need not be refilled.
- If you are a smoker, you should not smoke for at least 2 weeks prior to surgery and 2 weeks after surgery. Smoking and chewing tobacco inhibit your circulation and can significantly compromise your surgical outcome.
- Do not take any aspirin or any anti-inflammatory compounds for 2 weeks before and 2 weeks after your surgery unless you first discuss it with your surgeon.
- Sleep with your head elevated 40 degrees for two weeks; an additional pillow or two under your mattress may help, if necessary.
- Apply iced compresses made of washcloths (not an ice bag) to your eyes as much as possible during the first three days after surgery.
- Stay up (sitting, standing, walking around) as much as possible after you return home this promotes a decrease in facial swelling. Of course, you should rest when you tire.
- Avoid bending or lifting heavy things for one week. Besides aggravating swelling, this may raise your blood pressure and start bleeding. No lifting over 5 pounds the first week, 25 pounds the second week.
- Avoid straining at stool, which also raises your blood pressure. If you feel you need a
 laxative, consult your local pharmacist as most stool softeners do not require a
 prescription.
- Take only prescribed medication or Tylenol, never aspirin or other NSAIDS, as they promote bleeding.
- Usually, your surgeon will use dissolvable sutures, which will disappear on their own within 5 to 7 days. External sutures should be kept clean and dry. If non-dissolvable sutures are used, they will be removed within 5 to 7 days after surgery.
- You may shower or bathe the day after surgery, but do not get the dressing wet. This will mean that you will not be able to wash your hair for about a week while the dressing is in place.
- Leave the dressing over the ears undisturbed.
- The dressings and sutures will be removed approximately 1 week after surgery. Some sutures may be left to dissolve on their own.
- You should wear a light supportive headband over the ears at night for an additional 4 weeks after surgery to prevent inadvertent injury to the ears.
- Heat and ice after surgery are impractical as the bulky dressings will prevent their use. Thus, neither is generally recommended.
- Don't go swimming, diving, water skiing, or participate in strenuous athletic activity for at least one month after surgery.

Contact the Office Immediately

If you notice any of the following, please contact the office immediately at 972-608-0100:

- any significant pain during the first 48 hours which is not improved with pain medication.
- significant increase in pain after the first 48 hours following surgery.

- development of a temperature exceeding 100.0 degrees.
- the dressing shifts significantly or falls off.
- after the dressing is removed, you injure the ear or notice any increase in pain or change in shape of the ear.

If any of the above should occur after regular office hours, do not hesitate to call Dr. Verret at home at the number provided on the day of surgery or on his cell phone. For whatever reason, if you notice one of the above changes and cannot reach us at our office or through any of the alternate means, present yourself to the emergency department for evaluation.

Recovery Timetable

- **Day 1** Return home
- Days 1-2 Aching, throbbing
- Days 6-8 Bandage off, stitches removed or dissolving
- 4 Weeks Wear headband

Remember

If you have any questions at any time, do not hesitate to call. On the day of surgery, you will be provided with Dr. Verret's home and cellular phone numbers as well as the personal contact phone numbers of members of our staff. We do not like surprises and would much rather hear about a small annoyance before it becomes a big problem.