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Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

RECONSTRUCTIVE SURGERY OF THE EARS (OTOPLASTY) SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended reconstructive surgery of the ears (otoplasty) for you or your child. The following information is provided to help you prepare for your, or your child's, surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

Otoplasty is an operation designed to “pin back” protruding ears and to change their shape and contour. It can be performed at any age, but is often recommended in the preschool years to prevent possible teasing at school by other children.

Otoplasty is performed through incisions hidden behind the ear to expose the ear cartilage. Portions of the cartilage may be removed and the remaining cartilage is repositioned. The skin behind the ear is sutured, and a large soft dressing secures and protects the ears in their new position for several days.

You should discuss freely with your doctor your cosmetic concerns and expectations. In turn, your surgeon will discuss his recommendations and any particular limitations set forth by the preoperative structure of your ears, face, and skin.

The following instructions are designed to help you, or your child, recover from surgery as easily as possible. Taking care of yourself, or your child, can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your, or your child's, 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. Due to the fact that individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, no guarantee can be made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

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Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Infection of the skin or of the cartilage (chondritis) of the ear.
2. Bleeding or hematoma formation.
3. A cosmetic or functional result that does not meet your expectations. An unfavorable result may occur at any time following surgery, and includes inadequate correction, recurrence, contour distortions, or asymmetric correction, all of which may require secondary surgery.
4. Permanent or temporary numbness of the skin of the ear or face.
5. Scar or keloid formation, which is an overgrowth of scar tissue.
6. Prolonged pain or discomfort impaired healing, and the need for hospitalization.
7. Narrowing of the external ear canal.
8. Suture extrusion. When permanent sutures are used to maintain the shape of the ear, they may become evident through the skin and may eventually require removal.
9. If the surgery is being done because of a tumor, there can be recurrence of the tumor and the need for additional surgery or other therapeutic modalities including radiation therapy or chemotherapy.

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient at either the hospital or the Surgery Center. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor you, or your child, throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance. Arrange for someone to take you home from the surgical facility and to spend the first night after surgery with you.

You, or your child, should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Your doctor may give you several prescriptions at the preoperative visit. It is best to have these filled prior to the date of surgery.

If it is your child who is having the surgery, it is advised that you be honest and up front with them as you explain their upcoming surgery. Encourage your child to think of this as something the doctor will do to make them healthier. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. Let them know that if they have pain it will only be for a short time period, and that they can take medicines which will greatly reduce it.

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You may want to consider a visit to the surgical facility or hospital several days in advance so that you and your child can become familiar with the setting. Contact the surgical facility or hospital to arrange for a tour.

You, or your child, must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If you, or your child, is sick or has a fever the day before surgery, call the office. If you or your child awakens ill the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery. However, if your child has chickenpox, do not bring your child to the office or to the surgical facility.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. You, or your child, should wear comfortable loose fitting clothes, (pajamas are OK). Leave all jewelry and valuables at home. They may bring a favorite toy, stuffed animal, or blanket.

Do not take any medication unless instructed by your doctor or the anesthesiologist. In the pre-operative holding room, a nurse may start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of gas and an intravenous medication for the general anesthetic. In most situations, an IV will have been started either in the preoperative holding room or after the patient has been given a mask anesthetic. During the procedure, oxygen saturation (pulse oximetry), cardiac rhythm (EKG), temperature, and blood pressure will continuously be monitored. The surgical team is well trained and prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor will proceed with the surgical procedure. The whole procedure usually takes less than 1-2 hours. The doctor will come to the waiting room to talk with any family members or friends, once you or your child is safely in the recovery room.

AFTER SURGERY

After surgery, you or your child will be taken to the recovery room where a nurse will monitor you or your child. You will probably be invited into the recovery room as your child becomes aware of their surroundings and starts looking for you. You, or your child, may be able to go home the same day of the surgery once you, or they, have fully recovered from the anesthetic.

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This usually takes four hours. You will need a friend or family member to pick you up from the surgical facility to take you home. They should spend the first night after surgery with you.

When you arrive home from the surgical facility, you or your child should go to bed and rest with the head elevated on 2-3 pillows. By keeping the head elevated above the heart, you can minimize edema and swelling. Visitors should be kept to a minimum since they may unknowingly bring infection and cause over excitement. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best for you, or your child, to eat a light, soft, and cool diet as tolerated once you or they have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though one may be hungry immediately after surgery, it is best to feed slowly to prevent postoperative nausea and vomiting. Occasionally, one may vomit one or two times immediately after surgery, however, if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You, or your child, will be prescribed antibiotics after surgery, and should finish all the medications that have been ordered. Some form of a narcotic will also be prescribed (usually Tylenol with Codeine), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you or your child may be prescribed an anti-emesis medication such as Phenergan. If you have any questions or you feel that you or your child is developing a reaction to any of these medications, you should consult your doctor. You should not take or give any other medications, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

In most situations, a bandage will have been placed to cover the wound. If you are undergoing an otoplasty, a compressive dressing will be placed. You should not remove the dressing because these are holding the external ears in the appropriate position. Your doctor will probably check the ear the next day in the office. If you experience severe pain on only one side, please call the office to report this to the doctor. It may be the first indication of a hematoma.

You are asked to return to the office to have the sutures removed in one week. If you have undergone surgery to correct prominent ears (otoplasty) we usually recommend that you wear an elastic band (ear band-it) at night for the next 6 weeks. It is best to wear the band even during the day when it is "socially acceptable". We discourage facial tanning for 6 months after surgery. If you must be in the sun you should use a number 15 or greater sun block. You may use your usual make-up anytime after surgery. Do not wear earring or glasses (if possible) for 3 weeks.

After the bandages have been removed, clean the wound with a Q-tip soaked in hydrogen peroxide to remove all crusts. By gently removing all crusts, the wound edges will heal better with a less obvious scar.

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Apply Polysporin ointment, or a similar antibiotic ointment of your choice, to the cleaned wound. If you develop a rash, discontinue the ointment and notify your surgeon. You may wash your face and hair after the bandages have been removed. Avoid excessive scrubbing of the wound. Use a gentle soap and shampoo. We ask that you stay out of the pool for several weeks, and after that to wear the ear band-aid for the next 6 weeks

Numbness, slight swelling, itching, and discoloration are normal complaints, and should go away with time. You should plan to stay in town for 3 weeks to allow for postoperative care.

NOTIFY YOUR DOCTOR IF YOU OR YOUR CHILD HAS

1. A fever greater than 101.5 degrees F which persists despite increasing the amount of fluid you drink and Tylenol. A person with a fever should try to drink approximately one cup of fluid each waking hour.
2. Persistent sharp pain or severe one-sided pain which is not relieved by the pain medication you were prescribed.
3. Increased swelling or redness of the ears.
4. Drainage from the wound.

SURGICAL FINANCIAL POLICY

Head and Neck Associates of Orange County will submit claims to your insurance company for any surgical procedures performed by our physicians. Prior to your scheduled surgery date our staff will verify eligibility and benefits. We will also obtain pre-certification and/or authorization when required by your insurance company. Please be aware however, that this is not a guaranty of payment. Any expenses deemed not covered by your insurance company for any reason, will be your financial responsibility. All monies owed by the patient, i.e., remaining deductible or coinsurance amounts and any procedures or fees deemed not medically necessary, are due prior to the date of surgery. All financial arrangements must be made prior to the date of surgery. Please be aware that this office will bill only for the physicians' services. Any other services related to your surgery, i.e., facility, anesthesiology, radiology, laboratory or pathology will be billed by the facility providing these services, and not included in our billings.

Our office accepts the following forms of payment; Visa or MasterCard, cash and personal checks. A twenty dollar service charge will be assessed to your account for any check returned by your bank.

FINANCIAL POLICY REGARDING "COSMETIC" SURGERY

Cosmetic surgery is usually not covered by your medical insurance. Any portion of your surgery which is considered cosmetic will be billed directly to you. You will be quoted a surgical fee. This fee is charged by your surgeon and includes postoperative care for up to three months. There will also be a separate fee for the surgical facility and the anesthesiologist which is not included in the quoted surgical fee. You are encouraged to discuss this separate fee with the surgical facility. Initials_____

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In the rare situation that you require further or revision surgery, there is usually not an additional surgical fee if it is done during the postoperative period (6 months), however there will probably be an additional facility charge.

If your surgery is considered to be reconstructive, such as following trauma or after cancer surgery, then it is likely that at least a portion of the financial charges will be considered medically indicated and covered by your medical insurance. Your doctor will indicate to you if this situation applies to you. In those circumstances where your surgery is considered reconstructive, your surgeon's obligation is to attempt to restore your ear to its pre-trauma appearance. Of course, your surgeon will be limited by the amount of damage to your ear, your skin texture, and any associated injuries.

It is our financial policy regarding cosmetic surgery that payment is expected in full prior to your day of surgery. We require a 50% deposit two weeks in advance which should be consider non-refundable if you cancel your surgery within 48 hours (excluding holidays and weekends) of the date of surgery.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1407. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

IF YOU WOULD LIKE TO LEARN MORE

The physicians of Head and Neck Associates recommend **www.medicinenet.com** as an internet source of information. MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals. Find easy-to-understand medical information to make smart health decisions with your doctor. Stay informed on all aspects of health and medicine. Get the latest health and medical news delivered to your e-mail box!

Please visit our web site at **www.HeadAndNeckAssociates.com**

DISCLOSURE OF OWNERSHIP INTEREST IN MISSION SURGERY CENTER

If you are having your surgery at Mission Surgery Center, we must inform you that the surgeon has an ownership interest in the facility. This disclosure is to acknowledge such ownership interest, and to assure you that you are not compelled to have the surgery performed at the Mission Surgery Center. You are free to select any surgical facility of your choice for this procedure.

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ATTESTATION

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I have received, read, and understood the information provided to me regarding my upcoming surgery. I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient, which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, financial policy, surgery center disclosure and surgery pre & post operative care information. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)

Updated December 08.