



OTOPLASTY

Otoplasty is done to correct deformity of the outer ear. Otoplasty may be done to bring the ears closer to the head and reduce the size of ears that are larger than normal. Unusually shaped ears may also be corrected. The doctor makes an incision or cut behind the ear. The normal cartilage folds are reconstructed. Small cuts are made in the cartilage and then sewn together to make the ear the correct shape.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Make arrangements for a ride home after surgery.

PAIN: There is usually little pain after this surgery. The ears will be tender, so if the patient usually sleeps on their side, the sleeping pattern will be disrupted for a week or so following the surgery. Elevating the head of the bed or sleeping on a few pillows will help to alleviate some of the pain. Give pain medications as directed by your physician.

WOUND CARE: A tight dressing will be placed over the ear to keep the ear from developing a blood clot and to decrease the swelling. The dressing will be removed a day or two after surgery and the ear will be examined. It is important to protect the ear against injury for 6 weeks with an ear muff or ear band like you would use in cold weather. This head band should be worn day and night for 3 weeks, then at night only for 3 more weeks.

DRAINAGE: A small amount of blood/drainage is common. The drainage should not soak through the dressing completely. Call your doctor if the bleeding does not stop.

BATHING/SHOWERING: For the first week after surgery, the ear should not get wet. You may bathe as usual after one week. Please refrain from rubbing the ear for several weeks.

ACTIVITY: Avoid sports or strenuous activities for 2-3 weeks. Contact sports and ball activities should be avoided for 6 weeks after surgery. There is a risk of deformity or loss of correction if a direct injury to the ear should occur.

WHEN TO CALL THE DOCTOR:

- Redness or tenderness of the ear
- Swelling
- Uncontrolled pain
- Temperature over 101.5 degrees Fahrenheit
- Excessive bleeding/drainage—please do not take aspirin or Motrin (Advil or Ibuprofen) for one week before or one week after surgery.
- Signs of dehydration—if the patient has had very little fluid intake for 12 hours or if a child seems particularly irritable or has not urinated for 8-10 hours.

RISKS:

- The ears will not be perfect, nor will they be perfectly symmetric, but they should be greatly improved.
- If a blood clot develops or the patient doesn't take the antibiotics, an infection could occur that could lead to cartilage loss, skin loss, unusual scarring, and a deformed ear.
- The shape of the ear canal could be deformed, resulting in cerumen impaction and hearing loss.
- One or both ears may slowly start pushing back out again, requiring more surgery.

FOLLOW UP APPOINTMENTS ARE IMPORTANT. PLEASE CALL OUR OFFICE AT 801-328-2522 TO SCHEDULE AN APPOINTMENT AS DOCTORS' SCHEDULES DO FILL UP QUICKLY.

Please schedule your follow up appointments one day after surgery, as well as one week out and one month out.