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POST-OPERATIVE INSTRUCTIONS

Otoplasty (Ear Surgery)

The following aftercare information will help make your surgery safe and uneventful. It is important that you understand all of it. If you have any questions, please ask your surgeon or our team. In some cases there will be variations to these instructions, and these will be discussed with you.

WOUND CARE

You will have a head dressing placed after surgery that should stay on until your first post-operative visit. Most of the sutures are dissolvable, but occasionally some will be removed at your post-operative visit. Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for a month. If any area of drainage remains, apply Polysporin ointment rather than scar cream to that area until the drainage has stopped, then apply scar cream there too. The scar cream we recommend is available at our office.

HEAD ELEVATION AND SLEEPING POSITION

Head elevation reduces bruising, bleeding and swelling. Please do not swing your head down to pick something up off the floor; bend your knees instead. Also, do not do any lifting or exercise for 4 weeks.

It is helpful to sleep with a firm pillow, or no pillow at all, for the first 2-3 weeks after surgery, since a puffy, soft pillow will rub against your ears. You will find it most comfortable to sleep on your back, but sleeping on your side is allowed as long as you have the bandage or headband on. After 6 weeks, you can sleep any way you like without any protection.

COMPRESSION HEADBAND

After the head dressing has been removed, a headband is applied. This headband should be worn night and day for two weeks, and then at night only for another four weeks. Its main purpose is to reduce bruising and swelling and to protect the ears from being pulled forward. If the headband becomes soiled, blood stains can be removed with Hydrogen Peroxide. It can be washed normally and placed in the tumble dry cycle, or hung to dry.

PAIN MEDICATION

Most patients are pleasantly surprised by how limited their postoperative discomfort is. You have been prescribed Tylenol Extra Strength, Celebrex (Celecoxib), which is an anti-inflammatory, and Hydromorphone, which is a strong narcotic painkiller. The Tylenol should be taken on schedule, every 6 hours. The Celebrex is to be taken every 12 hours. The Hydromorphone is to be taken as needed, but not more often than every 6 hours. This combination of anti-inflammatory (Celebrex) and analgesic (Tylenol Extra Strength or a stronger pain pill) is now recognized as the most effective way of treating postoperative discomfort. Both can be stopped when the discomfort subsides.

Please note that all pain pills cause constipation. If you are inclined to become constipated, you should consider using a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at night. Drinking plenty of fluids and eating fruit also reduces constipation.

EATING AFTER SURGERY

Patients may experience nausea after a general anesthetic. It is therefore wise to drink clear fluids (apple juice, black tea, flat pop) until the stomach feels settled. Then try eating clear soup and crackers. A normal diet is usually possible the next day. On rare occasions, a patient may feel nauseated for a few days after surgery. Gravol tablets may then be helpful.

BLEEDING, BRUISING AND SWELLING

Minor bleeding from the incision lines is normal after surgery and should subside within 24 hours. It is common to have more bruising and swelling on one side than the other. This will even out with time. Bruising is the typical "black and blue" appearance of tissue after any surgery. There is great variation in how much patients bruise: some bruise very little, some more.

As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories and vitamins can contribute to bruising and should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. The bruising typically subsides within two weeks, but in some patients it can last longer. As it dissolves and becomes more yellowish in colour, it may appear to be "spreading". This is normal and no cause for alarm. About 80% of the swelling is typically gone within three weeks, but the last 20% (morning puffiness) can persist for a few months.

ARNICA FOR BRUISING

Arnica has been shown to help decrease bruising and reduce how long bruising is visible. A combination of oral pellets and topical gel is recommended, but if you would prefer to use only one, the pellets are likely more effective. The pellets should be started two days before your

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procedure and continued for 3-5 days after your procedure. The gel can be started as soon as massaging it in is tolerable, and can be continued until the bruising has subsided. Storing the gel in the fridge will also provide a cooling, soothing effect on the bruised area.

Do not take off the dressing, and **do not** apply the gel on the incision itself until it has completely healed. Apply it around the procedure area to minimize swelling and bruising. **Do not** use Arnica if you are allergic to the daisy flower.

EARLY FEVER

A low-grade fever (up to 37.8°C) is not uncommon the day after surgery. It usually occurs after a general anesthetic and results from small collections of mucus in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths and to cough deeply. Coughing clears the lungs and corrects the low-grade fever. Failure to clear the lungs adequately can, on rare occasions, lead to a lung infection.

WOUND INFECTION

Fortunately, wound infections are uncommon. Minor leakage of clear, yellowish fluid from the stitches may occur and persist until the stitches are out. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by Polysporin ointment and a light dressing. If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, a deeper infection may be occurring.

> Do not hesitate to phone the office if this happens. You will need to be seen, as you may need antibiotics.

WOUND MASSAGE

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should also begin. After 6 weeks, this massage can become quite firm and vigorous, with deep rotary motions along the incision line and into the face itself. Firm massage helps to desensitize the scars, making them less painful, and also reduces the normal thickness and lumpiness of a scar after surgery.

SCAR REDNESS

All scars are initially reddish and thickened. This is part of the normal healing process, and they will eventually smooth out. It takes 6 to 9 months for scars to fully mature, becoming flat and light in colour.

TANNING

Fresh scars and areas that have been bruised should not be tanned for at least 6 months after surgery. Early tanning can cause permanent hyperpigmentation of the scar and the surrounding areas. Normal tanning can resume after four months, but please remember that tanning causes premature skin aging and skin cancer.

SILICONE SHEETING

Some studies suggest that silicone sheeting, available in most pharmacies and online, can improve the quality of a scar. To be effective, the sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine use, as it appears to have little value when scars are healing normally. We do recommend it for wounds showing evidence of prolonged redness or abnormal scar maturation, which occurs in less than 5% of patients.

MOBILITY

As a routine, it is important to be up and walking on the day of surgery, and prolonged bed rest is discouraged. Lying in bed can increase the rare but ever-present risk of developing blood clots in the calves, which in turn can cause pulmonary emboli. It is good to go for short walks, and to take frequent naps if you are feeling tired. Within four weeks, full exercise can be resumed. The headband should be worn during any contact sport for at least 6 weeks.

DRIVING

You must not drive for at least 24 hours after a sedative or a general anesthetic, or if you feel drowsy for any reason. Do not drive if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You must also avoid driving if you are in any way restricted in your mobility or your vision, as this may compromise safe driving.

FATIGUE AND "FEELING DOWN"

While the results of plastic surgery are typically gratifying and uplifting, it is not uncommon for patients to have "down" times. Early on, there is the residual effect of the anesthetic, coupled with discomfort, swelling and bruising at the surgical site. This is followed by the typically slow maturation of the scar itself. These frustrations can weigh on you, making you question why you chose to have surgery in the first place. You are not alone with these thoughts, and they are entirely normal. Rest assured that well over 90% of patients are pleased with the results of their surgery, and the apprehension and "down" times are eventually replaced by feelings of satisfaction and confidence.

QUESTIONS OR PROBLEMS

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated. If you have any questions, concerns or problems, please call the office at 416-447-6176.

> If there is an urgent situation and we are not immediately available, please go to the emergency department at North York General Hospital or your closest emergency department.

We hope you have a speedy recovery from your surgery.