

## **OTOPLASTY POSTOPERATIVE INSTRUCTIONS & ADVICE**

The following after-care information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask me or my staff. In some cases there will be variations to the 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 there are some that will be removed on 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, Polysporin ointment, rather than the scar cream, should be applied on those areas until the drainage has stopped. The scar cream is then also applied there. The scar cream I recommend is available in our office.

### **Head Elevation & Sleeping Position**

Head elevation reduces bruising, bleeding and swelling. Please do not swing your head down to pick something off the floor. Bend your knees instead. Also do not do any lifting or exercises for 4 weeks. It is helpful to sleep with stiff pillow or no pillow at all for the first 2-3 weeks after surgery since a 'puffy, soft' pillow will rub up 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 Garment**

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 nighttime only for another four weeks. Its main function is to reduce bruising and swelling, and to protect the ear from being pulled forward.

When the garment becomes soiled, any blood stain can be removed with Hydrogen Peroxide. It can be washed normally, and placed in the tumble dry cycle, or left to hang dry.

### **Pain Pills**

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 pain killer. 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 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, and if you are inclined to becoming

constipated, you should consider the use of a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at nighttime. Drinking copious amounts 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 occasion, a patient may feel nausea for a few days after surgery. Gravol tablets may then be helpful.

## **Bleeding, Bruising, 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 to tissue after any surgery. There is a great variation in how much patients bruise, some bruising 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 can last longer. As it dissolves, and becomes more yellowish in colour it may appear to be "spreading". This is normal and is no cause for alarm. 80% of the swelling is typically gone within three weeks, but the last 20% of swelling (morning puffiness) can persist for a few months.

### *Arnica for Bruising*

*Arnica has been shown to help decrease bruising and reduce the length that bruising is visible.*

*It is recommended to use a combination of oral pellets and topical gel but if you would only like to use one or the other, the pills are likely more effective. The pills should be started two days before your procedure and continued for 3-5 days after your procedure. The gel can be started as soon as the massage process of administering the gel is tolerable and can be continued until the bruising has subsided. Storing the gel in the fridge will also provide a cooling and soothing effect to the bruised area.*

*DO NOT take off the dressing and DO NOT apply on the actual incision until completely healed. Apply around procedure area to minimize swelling and bruising. Please 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 mucous in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths, and to cough deeply. The coughing clears the lungs and corrects the low grade fever. Failure to clear the lungs adequately can on rare occasion lead to a lung infection.

## **Wound Infection**

Wound infections fortunately are uncommon. Minor leakage of clear yellowish fluid from 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 the application of 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, then 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 to have 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 be carried out. After 6 weeks, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line and into the face itself. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal scar thickness and lumpiness which is seen in a scar after surgery.

## **Scar Redness**

All scars initially are reddish and thickened. This is part of the normal healing process and eventually will smoothen out. It takes 6 to 9 months for the scars to undergo a full maturation process whereby they become 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 of the surrounding areas. Normal tanning can resume after four months, but please remember that tanning does cause premature skin aging and skin cancers.

## **Silicone Sheeting**

Some studies have suggested that silicone sheeting, available in most pharmacies and on the internet, can help the quality of the scar. To be effective, this silicone sheeting needs to be on the skin day and

night for at least six months. It is not recommended for routine usage as it appears to have little value when scars are healing normally. I do recommend it in wounds that are showing evidence of prolonged redness or abnormal scar maturation. This is in less than 5% of patients.

## **Mobility**

As a routine, it is important to be up and walking the day of surgery, and prolonged periods of bed rest are 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 little walks, and to have frequent naps if you are feeling tired. Within four weeks, full exercise activities can be resumed. The headband should be worn during any contact sport for at least 6 weeks.

## Driving a Car

You must not be driving a car for at least 24 hours after a sedative or general anesthetic, nor if you feel drowsy for any reason. Do not drive a motor vehicle if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You also must avoid driving a car 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 all play together on the psyche, making one question the reason for doing the 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 apprehensions and “down” times are eventually replaced by feelings of satisfaction and confidence.

## Questions/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 room department at North York General Hospital, or your closest emergency room department.

We hope you have a speedy recovery from your surgery.

Sincerely,



Ron B. Somogyi, M.D.



Waqqas Jalil, M.D.