



Call us to book a confidential consultation from our nurse specialist.

Ear Pinning Surgery (Otoplasty)

Anatomy and Description of Otoplasty

Otoplasty /Correction of prominent ears

Surgical correction of prominent, or "bat ears", is called otoplasty. It involves changing the shape of the ear so that it sits closer to the head.

Normal ears sit out by about 1cm from the side of the head. To fix the ears back a number of different operations can be used to reshape the cartilage of the ear so that the ears appear normal and sit closer to the head.

Prominent ears or "bat ears" can cause embarrassment and teasing especially when children reach school age. The effect of this on self-esteem can be life-long. Otoplasty is usually performed when your child is aware of the ears being a problem to them and is best just before or around school age.

Commonly otoplasty is performed when 85% of ear growth is complete (age 5 to 6). Later in life otoplasty can be performed at any age.

As an adult with protruding ears you may consider otoplasty if you have been self conscious about your appearance or have covered them with hairstyles.

Prominent ears are frequently asymmetrical with regard to size, position and degree of protrusion. Any mild asymmetry between the two ears post-operatively usually reflects pre-operative asymmetry.

Otoplasty may involve operating on one or both ears with correction to specific areas such as the upper or lower ear (pole) or the entire ear.

Besides protruding ears, there are a variety of other ear problems that can be helped with surgery. These include:

- "lop ear," when the tip seems to fold down and forward;
- "cupped ear," which is usually a very small ear;
- and "shell ear," when the curve in the outer rim, as well as the natural folds and creases, are missing.

Surgery can also improve large or stretched earlobes and earlobes with large creases and wrinkles. Plastic surgeons can even build new ears for those who were born without them or who have lost them through injury. Otoplasty can be performed in conjunction with other facial plastic surgical procedures. Otoplasty will not alter hearing ability.

When considering otoplasty make sure you are in good health and that you do not have any medical contraindications to surgery.

You need to understand the possibilities and limitations of surgery and be realistic about post surgical expectations.

After otoplasty it is reasonable to expect a more balanced, attractive appearance which for most people improves self confidence and self esteem. Bringing the ears into balance with an individuals face is realistic while aiming for a perfect appearance is not.

The procedure

Otoplasty is normally carried out under general anaesthetic as day surgery. The procedure usually takes about one hour.

The operation is usually performed through an incision behind the ear, although other incisions may be used depending on individual surgical requirements.

Cartilage may be removed or re-shaped and the cartilage is then secured with stitches to its new position to bring the ear closer to the head. The incision is then closed with dissolving sutures.

Following surgery a bulky head bandage keeps things still and allows uninterrupted healing. The bandage is worn for 6 to 7 days post-operatively.

The bandage may cause some discomfort in hot weather and disruption to sleep if you are used to sleeping on the side. After removal of the head bandage a headband should be worn at night for a further 2 weeks.



Post operative pain should be minimal because of local anaesthetic used during the procedure. Discomfort is to be expected but if discomfort increases to pain and persists then your surgeon should be notified.

When the bandages are removed the ears will be slightly red, swollen and tender. The ears will appear flattened and too close to the head. It takes a few weeks for the ears to slowly adjust to their final correct position. Tenderness can persist for up to 6 weeks after surgery.

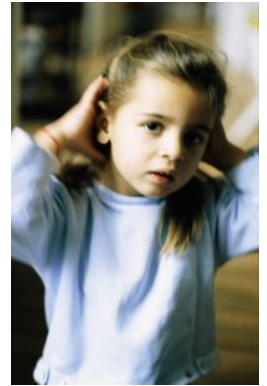
After removal of bandages care should be taken with dressing, combing and brushing hair and sleeping.

It is best to avoid swimming and contact sports for at least 2 weeks after surgery.

Alternative Treatments

Prominent ear correction is an elective operation and alternative treatments consist of not undergoing the surgery.

The ears can be covered with hairstyles.



Risks of Surgery

All surgery is associated with some risk.

It is important that you understand that there are risks involved with any surgery. Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery. With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.



Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.

Informed consent process

Before any surgery, your surgeon should explain to you the risks of the procedure and the possible complications that could happen. The informed surgical consent web site will help you to understand the risks that your surgeon has already discussed. It may also bring up other issues that will require a second surgical consultation to clarify. You should not feel that you are being an inconvenience by seeking another consultation and clarification of any questions that you may have. You should take the opportunity to read this informed surgical consent website carefully and at your own pace. The questionnaire at the end will help to clarify your understanding. There is also opportunity to make note of specific concerns and issues that may be relevant to you so that you can discuss these concerns with your surgeon.

Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery. Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk. Smoking greatly increases all risks and complications of surgery.

What else?

Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.

Specific Risks of Otoplasty

Swelling and bruising

Moderate swelling and bruising after otoplasty will make the ears appear puffy and purple in colour when the bandages are removed. This appearance resolves in a short period of time.

Severe swelling and bruising may indicate a complication.

Discomfort and pain

Mild to moderate discomfort or pain is normal after ear surgery. The rapid onset of persistent, unilateral pain may indicate a complication like a collection of blood (haematoma), infection or allergic reaction. If the bandages are in place removal will be necessary to determine the cause.

Nausea and loss of balance

Nausea and loss of balance is a common, usually temporary phenomenon following otoplasty. It is related to swelling around the inner ear and the bandages around the head.

Bleeding and haematoma

Persistent bleeding under the skin may result in a collection of blood (haematoma). A haematoma will cause sudden and persisting pain on one side or a blood stained discharge coming from under the bandages. Haematomas will cause skin necrosis (loss) due to pressure created on the skin. Bandages will require removal and the collected blood will need evacuation in the operating room under anaesthetic. Treatment with antibiotics will be necessary. A haematoma will delay healing, cause scarring and influence the final aesthetic outcome of otoplasty.

Infection and chondritis

Infection occurring after otoplasty may present as onset of pain in one ear on the third or fourth post-operative day. Skin infection may result in chondritis (underlying cartilage infection). Chondritis may lead to the devitalisation of cartilage and secondary ear deformity. The resulting ear deformity may require further surgery. Treatment with oral antibiotics will be required.

A more severe infection with pus and surrounding skin redness will require aggressive treatment with intravenous antibiotics, surgery to release pus, washout under the skin and remove deep sutures and devitalised cartilage under an anaesthetic.

To prevent infection skin and hair wash with antibacterial solution is required for 2 days prior to surgery and perioperative antibiotics will be prescribed. Previous episodes of ear infection (swimmers ear, otitis externa) should be mentioned to the surgeon. Swimming pools should be avoided for 4 weeks after otoplasty.

Skin contour irregularities

Contour irregularities and depressions may occur after otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur. Further surgery may be required to correct the irregularities.

Asymmetry

The human face is normally asymmetrical and normally ears differ in terms of shape, size, position and degree of protrusion. It follows then that after otoplasty the ears will not be perfectly matched.

Recurrence of protrusion

The incidence of recurrence of protrusion is in the order of 3% and may relate to suture complications or infection. Further surgery may be required.

Long term effects

Subsequent alternations in ear appearance may occur as the result of aging or other circumstances not related to otoplasty surgery.

Skin necrosis

Devitalisation or loss of small areas of skin can occur if there is excessive pressure from too tight dressings. The skin loss will result in a scab or ulcer that will take several weeks to heal. Treatment with ointment and antibiotics may be required. Skin loss can also occur from an underlying haematoma or infection. If skin loss is extensive further surgery will be required.

Hypertrophic scars and keloids

The scar following otoplasty is usually hidden in the groove between the ear and the side of the head. Keloid scar formation and hypertrophic scarring develop in about 2% of people who have otoplasty, especially young, darkly pigmented persons. Tight skin closure or infection may contribute to keloid scar formation. Additional treatments including serial steroid injection into the scars or scar revision surgery may be necessary to treat abnormal scarring.

Ear tenderness

Tenderness of the ears is common after ear surgery and may last beyond 6 months from the time of surgery.

Numbness

A temporary reduction in skin sensation or numbness of the ears is common after ear surgery. Return of sensation may take up to 18 months from the time of surgery.

Suture granuloma and extrusion

Deep sutures under the skin may occasionally extrude or form a granuloma (lump) before they dissolve. The offending suture is removed with no effect to the final result.

Ear trauma

Physical injury after otoplasty can disrupt the results of surgery. Care must be given to protect the ears from injury during the healing process and night-time bandaging of the ears is recommended for a period after the initial bandages are removed. Additional surgery may be necessary to correct damage.

Persistent pain

Very infrequently, chronic pain may occur from nerves trapped in scar tissue after an otoplasty.

The undesirable result

The ear following otoplasty may have minor under corrections to the upper and lower parts causing a telephone deformity. Other minor under corrections can result in residual protrusion of the lobe or the top of the ear. Minor over corrections to the upper and lower poles can result in a reverse telephone deformity. Other unfavourable results may relate to a complication like infection or early trauma. You may be disappointed with the results of surgery and infrequently it is necessary to perform additional surgery to improve your results.

Risks Common to All Operations

Discomfort and pain

The severity and duration of post-operative pain varies with each individual.

Mild to moderate discomfort or pain is normal after any surgery and can be expected after otoplasty. Pain may be worse if the bandages are too tight.

If the pain becomes severe and is not relieved by pain medication your child may have a complication or a too tight bandage.

In this case you should contact your surgeon.

Nausea and vomiting

Nausea and vomiting typically relate to the anaesthetic and usually settles quickly. Nausea and vomiting are more common in children after otoplasty. In some cases persisting nausea and vomiting may relate to pain relieving medication or other medications like antibiotics.

Infection may also cause nausea and vomiting. If nausea and vomiting persist your child may develop dehydration.

You should contact your surgeon if nausea and vomiting persist.

Swelling and bruising

Moderate swelling and bruising are normal after any surgery and can be expected after otoplasty. Severe swelling and bruising will result in severe pain and may indicate bleeding or possible infection. Discolouration from bruising may take several weeks to resolve.

Swelling and bruising are expected to settle with time.

Intermittent swelling after otoplasty may persist for several months after surgery.

Bleeding and haematoma

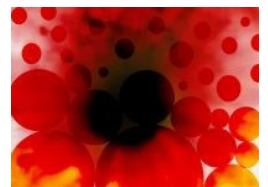
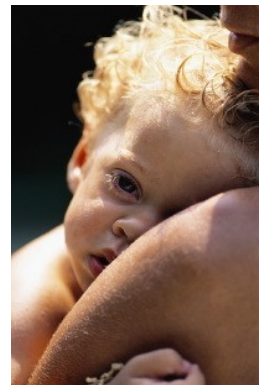
Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze from the suture line. This blood will trickle out from the bandages. Continued bleeding may result in a collection of blood under the skin, in which case there will be increased pain on the side of the bleeding.

You should notify your surgeon if bleeding after surgery persists.

Small collections of blood under the skin usually absorb spontaneously. A large collection of blood (haematoma) may produce pressure and complications to healing of the skin or the underlying cartilage.

Most haematomas occur in the first 24 hours and may require aspiration or surgical drainage in an operating room and a general anaesthetic to drain the accumulated blood.

The presence of a haematoma, even if evacuated, may predispose to infection and antibiotics are often recommended. Haematomas may also predispose to cartilage deformity. Infrequently haemorrhage can happen 7 to 10 days following otoplasty. Possible factors for late bleeding include infection, extreme physical



exertion, aspirin ingestion or an unrecognised bleeding disorder.

Inflammation and infection

Infection may occur after any surgery.

Most infections occur within 3 to 5 days after surgery and may cause swelling, redness and tenderness in the skin around the suture lines. In the presence of infection pain will be felt to increase.

Occasionally an offensive (smelly) discharge may occur from the suture line. Deeper infections will require treatment with antibiotics. Some deep infections and development of an abscess (collection of pus) will require additional surgery under an anaesthetic to drain the abscess and remove dead tissue in an operating room.

Infection may cause wound breakdown or skin slough (loss). Both wound breakdown and skin slough will result in delays to healing and possible increase in scarring.

Additional surgery to deal with wound breakdown and skin slough will be required. Additional surgery may involve skin grafting. More scarring, and further surgery can be expected in the long term.

Some surgeons will prescribe prophylactic (preventative) antibiotics to be used around the time of otoplasty surgery.

Crusting along incision lines

After removal of bandages any crusting along suture lines should be prevented with frequent and regular washing of your suture lines with antibacterial soap (sapoderm, gamophen).

Vaseline or soft white paraffin can be applied to the suture line.

Numbness

Small sensory nerves to the skin surface are occasionally disturbed when the incision for otoplasty is made, or interrupted by undermining of the skin during surgery.

Numbness of the skin of the ear gradually returns - usually within 3 months as the nerve endings heal spontaneously.

Return of sensation may sometimes take up to 2 years and may be permanent.

Itching

Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturisers and massages are frequently helpful. These symptoms are common during the recovery period and may persist for several weeks after surgery.

Necrosis

Necrosis is the formation of dead tissue around the wound or in the cartilage of the ear. Necrosis occurs as a result of reduced blood supply and is often related to infection.

Necrosis may prevent wound healing and may require surgical correction to remove the dead tissue to allow healing.

Unsatisfactory scarring may occur following necrosis.

Wound separation or delayed healing

Any surgical wound, during the healing phase may separate or heal unusually slowly for a number of reasons or due to complications. This can occur as a result of inflammation, infection, wound tension, excess external pressure and decreased circulation. Some people may experience slow healing due to unrelated medical problems.

Wound separation may also occur after suture removal.

Wound separation will require frequent wound dressings and healing will be delayed. If delayed healing occurs, recovery time will be prolonged, (weeks to months), and the final outcome of surgery may be affected. More scarring can be expected.

Further surgery may be required to remove any non-healed tissue and to obtain wound closure. Skin grafting may also be required to achieve wound closure.

Poor scars will result following wound healing problems and additional surgery may be desired 6 to 12 months after the initial surgery to improve scarring.

Sensitivity or allergy to dressings and tape

Skin or localised allergies may occur to antiseptic solutions, suture materials, soaps, ointments, tapes or dressings used during or after surgery. Such problems are unusual and are usually mild and easily treated. Please advise your surgeon of any skin irritation, itch, blisters or redness that may develop beneath your child's dressings. Allergic reactions resolve after removal of the causative agent and may require additional treatment.

Suture complications



Suture reaction or local infection may occur when subcutaneous sutures (sutures under the skin) are used. Exposed sutures will require suture removal for local healing to progress. Skin sutures may become buried under the skin during healing and subcutaneous sutures may not dissolve (stitch granuloma). Additional surgery may be necessary to remove buried sutures or granulomas. Suture marks in the skin can occur if skin sutures are used to close your surgical incision.

Skin scarring

All surgical incisions produce scarring and although scars are inevitable, some are worse than others, and the quality of the final scars is unpredictable and not entirely under the control of the surgeon. Some areas on the body scar more than other areas, and some people scar more than others.

Scars may be worse if there is a tendency to keloid scarring, in the younger person or if there has been a delay in healing due to infection or wound breakdown.

The history of your child's scarring should give you some indication of what you can expect. Please ask your surgeon about scar management.

Red and discoloured scars

The appearance of your child's surgical scar will change during the various stages of wound healing. Some scars become more red and somewhat raised and excessive between six weeks and three months.

After six months the scar may begin to fade in their colour intensity. Scars behind the ears may take up to 2 years to get as good as they will get.

Scars are permanent. Scars will remain permanently visible to a lesser or greater extent, depending on the outcome.

A brown discolouration in a scar usually settles with time. White scars are permanent and there is no known satisfactory treatment.

Please ask your surgeon about scar management.



Abnormal scars

Abnormal scars may occur even though careful surgical techniques are used and uncomplicated wound healing occurs after surgery. Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched (wide), depressed, or of a different colour to the surrounding skin. An abnormal scar may have visible suture marks. Abnormal scars may occur both within the skin and the deeper tissues.

Abnormal scars occur more commonly in some skin types, in the younger patient or if there has been a delay in healing due to infection or wound breakdown. Most scars improve with time but some may require additional treatment.

Thick scars may respond to taping, placement of silicone sheeting onto the scars, serial injection of steroid into the scars or surgical scar revision. Wide scars may require scar revision surgery to improve their appearance. Surgical scar revision may be disappointing especially in the younger patient.

Please ask your surgeon about scar management.

Asymmetry

The human body is normally asymmetrical and a person's ears will be a different size and shape from one side to another. Despite surgical allowance for correction, the normal variation from one side of the body to the other will be reflected in the results obtained from your otoplasty surgery.

Perfect symmetry may not be attainable after otoplasty.



Injury to deeper structures

Blood vessels, nerves and cartilage may be injured during otoplasty. The incidence of such injuries is rare.

The undesirable result

The undesirable result occurs because of limitations of the human tissues and skin. On the other hand you may be disappointed with the results of surgery if they have not met your expectations. Your expectations may leave you dissatisfied with the results of your child's otoplasty, despite having an adequate surgical result. Additional surgery may or may not improve the results of surgery.

The unfavourable result

The unfavourable result may relate to under correction, asymmetry, recurrence of the original problem or scar related problems. Additional surgery may be required to improve your results.

Need for revisional surgery

Every surgery has associated risks and complications that you need to be aware of. Should a complication occur, additional surgery or other treatment might become necessary. Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.



If revisional surgery is required, you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility; so careful financial planning is required before you embark on any form of

surgery.

Private Health Insurance is strongly advised for any surgery. Please speak to your surgeon regarding the costs of treating complications.

Chronic pain

Following surgery, abnormal scarring in the skin and deeper tissues, like cartilage, may trap nerves and produce pain. Uncommonly, persistent or chronic pain that is of an unknown or ambiguous cause may develop.

This type of chronic pain may be difficult or impossible to correct.



Long-term effects

There are many variable conditions that may influence the long-term result of your otoplasty surgery. Subsequent alterations to your ears may occur as the result of aging, sun exposure, weight gains or weight loss, illness or other circumstances not related to your surgery.

Additional surgery or other treatments in some cases may be required to maintain or improve the results of your operation.

Anaesthetic related risks

Anaesthetic complications, although uncommon, do occur and should be discussed thoroughly with your anaesthetist prior to your surgery. Allergic reactions to drugs used in anaesthesia are rare (1 in 10,000).

Systemic reactions may also occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.



It is possible to get a sore throat from the tube that is used to administer anaesthesia. You may develop a painful or infected intravenous site.

Other anaesthetic complications should be discussed with the anaesthetist.

Life threatening complications

Life threatening (or fatal, in some circumstances) complications like pulmonary embolism, cardiac arrhythmia, heart attack, stroke or massive infection are rare. These complications will require additional treatment.

Pulmonary (lung) complications

Pulmonary complications are uncommon and may occur secondary to either a blood clot starting in the legs (pulmonary embolism), aspiration of stomach secretions or partial collapse of the lungs after general anaesthesia.

Before Your Childs Operation

Organise yourself for after the surgery

- Organise how you will get to and from hospital.
- Arrange to have someone at home with you for at least 2 or 3 days after you leave hospital.
- If your child is having surgery you will need to be with them for the first week after surgery.
- Organise help with your shopping, laundry, housework, pets, lawn etc.
- Get all of your pre operative tests.
- Arrange leave from work or school and any financial chores, as required.



Fasting, fluids, food

For adults, fasting for surgery means that you cannot eat any food, or drink any fluid, after midnight the night before the surgery.

For children, fasting means they cannot eat any food, or drink any fluid six hours before the surgery.

A stomach full of fluid or food will mean that the anaesthetic may be dangerous and the procedure may be delayed or cancelled.

Children may have small amounts of clear fluids up until 2 hours prior to surgery.



Medications

Please bring any medications your child is taking to hospital with you.

If you are not sure about your child's medications and the effect that they may have on their surgery please seek advice from your child's surgeon in advance of the surgery.

Adults undergoing otoplasty will be required to list all of their current medications by writing down the name, the dose and the day each medication is taken. If this is too difficult for you ask your regular doctor to make the list of your current medications for you. It is important that you also bring all your medications to hospital with you.

Other medications

Antibiotics may be prescribed prior to your child's surgery. Antibiotics and small doses of blood thinning agents may be prescribed for adults prior to surgery.



Diabetes Mellitus

If you have diabetes you must tell your surgeon prior to your admission date. You must also tell staff at the time of your admission. Special arrangements will be made for you as necessary.

Your blood sugar levels will be monitored from the time you start fasting until normal eating resumes. Do not take any diabetic tablets on the morning of your surgery.

Smoking

Smoking increases the risk of post-operative complications after surgery. It is recommended that you stop smoking for 4 weeks prior to your surgery and for 4 weeks after.

If you need help to give up smoking speak with your G.P who can prescribe medication to help you, speak with your chemist who can advise you about nicotine replacement therapies or call the national QUIT line on 131848.

Hospital

Depending on your pain tolerance and your home situation, it may be in your best interest to stay in hospital overnight. When in hospital you may have a drip for fluid and pain relief. Dressings are likely to remain intact when you are discharged from hospital.

Skin preparation

You may shower at home with an anti-bacterial soap such as sapoderm or gamophen and wash your hair prior to surgery. This also applies to children having otoplasty. The same soap can be used after the surgery as well. You will have to keep the bandages around your ears and head dry. If the bandages get wet you will need to contact your surgeon to see if they need to be replaced.

Your child may be required to have a shower in hospital with an antiseptic solution before their surgery. This can also apply to adults.

A Responsible Person

For adults undergoing surgery, a responsible person will be required to accompany you home after surgery.

A responsible person is an adult who understands the postoperative instructions given to them and is physically and mentally able to make decisions for your welfare when appropriate.

Travel

You will need to arrange for a responsible adult to drive you after your surgery. A suitable vehicle is a car or similar.

A taxi is only acceptable if someone OTHER than the driver accompanies you. Public transport such as a bus is NOT acceptable.

General Exercise

It is important that you maintain your fitness and you should continue your normal activities prior to your surgery.

This applies to children having otoplasty as well. If time permits you may try to increase your fitness level gradually. Your fitness will be of benefit to your overall recovery after surgery. Walking is an excellent way of improving fitness and is recommended.

Pain relief in hospital

It is expected that you (or your child) will have pain and discomfort after their surgery. The amount and severity of pain will vary from person to person.

Narcotics (morphine, pethidine, fentanyl) are used to relieve pain. Narcotics are not addictive in the amounts required to relieve pain.

Any initial severe pain and discomfort will be managed with intravenous medication such as morphine, pethidine or fentanyl.

You (or your child) will be given pain relieving medication before discharge from hospital.

Pain relief at home

Pain, aches and discomfort may still be present when you (or your child) leaves hospital and may continue for several weeks. It is important when you are at home to maintain control over the pain, aches and discomforts.

Drugs for pain relief vary in strength and can "generally" be related to pain severity, BUT remember also that individuals have differing responses to pain and pain relieving medications.

It is usual for children to have mild pain only following an otoplasty.

Mild pain relief will be required for mild pain. Such pain relieving medication includes panadol, paracetamol, panamax and



panadeine.

If you (or your child) has persistent unrelieved pain they may need to be seen by a doctor to exclude another cause for the pain.

Constipation

For adults who normally take medication for bowel problems, you will need to bring these medications to hospital with you. It is common to develop constipation after surgery that may require treatment.

Prevention of constipation begins on the day of surgery and continues until the bowel returns to 'normal' function, which is usually once the need for pain medication ceases.

Medications for constipation such as coloxyl and senna or lactulose can be purchased from your local chemist without a prescription. Eat fresh fruit and vegetables, take extra fibre and increase exercise. Drink plenty of water, providing you are not on restricted fluids for any reason.

Other

It is important that you try to retain your identity as a person whilst in hospital. Make sure you ask plenty of questions about what is happening to you or your child.

Feel free to share any concerns with the nurses, doctors and other professionals who are involved in your care.

After Your Operation

On waking

You will have dressings around your ears and head. You will be placed in bed in a head up position with pillows behind your head.

Discomfort

You can expect to have some discomfort when you wake up after otoplasty. You will be placed in a position where your head is elevated. This position will help to minimise pain and discomfort. You will need to remember to move your legs to keep the circulation flowing and to take deep breaths to expand the lungs.

Care should be taken when moving around in bed. Pain that develops and becomes worse on one side should be brought to the attention of your surgeon.

Pain relief

You will need to take painkillers as provided. It is recommended that you avoid aspirin or aspirin based products for pain relief, as they will promote bruising and bleeding. The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panamax, digesic, and endone. These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen. Make sure that you have a postoperative pain regime at the time of discharge and that you understand the medications that you are taking and what they are designed to do for you.

Sleeping tablets

One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.

Other medications

Your surgeon may prescribe a course of prophylactic (preventative) antibiotics.

Nausea and vomiting

Nausea and vomiting may be due to the anaesthetic or post-operative medication (like pain killers or antibiotics). Apart from being unpleasant, vomiting will cause an increase in swelling. Medication to prevent nausea and vomiting may be required.

If prolonged, nausea and vomiting may be related to a complication like infection and may cause dehydration. You need to inform your surgeon of prolonged nausea and vomiting.

Bruising

Bruising of the ears after otoplasty will still be evident when bandages are removed post operatively. Most bruises will resolve by 2 weeks. Gentle massage with a moisturising lotion (Sorbolene), twice daily may help to dissipate bruising.

Bleeding or ooze

There may be ooze of blood from any of the suture lines and this may appear from under the bandages. Any ooze coming from beneath the bandages should be reported to your surgeon.

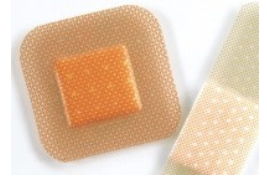
Swelling



Swelling can occur for 4 to 6 weeks after otoplasty and sometimes, intermittent swelling may take up to 6 months to settle. Please ask your surgeon how long swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

Dressings

Dressings following otoplasty are usually removed 6 to 7 days after your surgery. The surgical bandages should not be disturbed prior to removal by your surgeon. You may need to take time away from the public eye for the duration of your bandages. Please ask your surgeon how long the dressings need to stay on.



After removal of your bandages you may need to bandage the ears at night for 2 weeks to prevent sleeping on bent up ears. Check with your surgeon if you are able to shower.

Sutures

Sutures may be beneath the skin and will absorb with time. The aim of absorbable sutures beneath the skin is to provide wound support for a longer time than external skin sutures, so that scar stretch is minimised.

Occasionally the body will want to extrude these sutures. A sore or a pimple on the suture line may indicate an underlying suture trying to break through the skin. This suture can easily be removed. Antibiotic ointment or betadine may be required until the area heals.



Sutures may be present in the skin. These sutures will require removal at some stage after the bandages are removed. The normal time frame is 6 to 10 days depending on the surgery and the location on the ear. Suture removal is usually arranged with the surgeon. You will be able to shower and wash your hair after suture removal.

Cleaning

Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings have been removed. An antibacterial soap (Sapoderm, Gamophen) may be recommended.

You will need to pay attention to washing and carefully drying the suture line with a clean cotton bud. Antibiotic ointment (chloromycetin ointment) or soft white paraffin (vaseline) may be applied along the suture lines to moisten any crusts and to allow removal of the crusts.

Please check with your surgeon and ensure that you follow your surgeon's instructions about wound care.

Travel

Otoplasty is commonly performed under general anaesthesia and as day surgery.

If you are going home after day surgery a family member or friend must drive you because you have had an anaesthetic and someone should stay overnight with you for the same reason. You may need help from a relative or friend at home during the first few days after your otoplasty.

If you have any questions about these matters, please speak to your surgeon.

Anaesthetic effects

The effects of an anaesthetic may still be present 24 hours after your procedure, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged.

Do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Take care with alcohol intake after surgery because medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The most common cause is persistent nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding, wound problems or infection.

Activity

Too much activity too soon will risk delays in healing or increase the risk of complications. Try to walk upright and avoid bending. Sleeping head up and with 2 or 3 pillows behind your head will help to reduce pain, swelling and bruising. Try to avoid any straining or rushing around.

You may go to the bathroom, walk around the house sit and watch TV, etc., but no matter how good you feel do not clean the house, engage in heavy manual work, go to the gym etc. for 4 weeks following your surgery. For adults, this also applies to sexual activity.

Sport

Slow walking on the flat for exercise is often therapeutic in the early post-operative period. More strenuous exercise like fast walking, running, swimming or tennis may commence after 2 weeks.

Please ask your surgeon when you can start exercising.



Diet

Your post-operative diet should consist of fluids initially then soft food that is easy to prepare. If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach.

Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing.

Avoid megadosing on vitamins prior to surgery.



Smoking

Smoking reduces capillary blood flow to the skin and may result in delays to wound healing or complications of your blepharoplasty.

Smoking not only affects wound healing; it also increases the risk of bleeding, wound infections, post-operative chest infections. Any coughing may cause bleeding. Smoking also increases the risk of developing a blood clot in the legs that can travel to the lungs. It is recommended that you cease smoking at least 4 weeks prior to your surgery and for 4 weeks after.

Alcohol

Medications and alcohol may interact with the residual anaesthetic and prescription pain medicine.

Alcohol also dilates blood vessels and may increase the risk of postoperative bleeding.

It is recommended that you avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month.



Driving

It is recommended that you do not drive until you are happy that your vision is normal and no longer blurry. To be able to drive safely you must have full use of your reflexes to drive, and any post-operative discomfort will inhibit your reflexes. If you have any doubt, don't drive.

You may resume driving when you feel you are able, but it is advisable to discuss this with your surgeon or check with the road traffic authority first.

Recovery time

You must allow yourself adequate recovery time. You will have a bandage around your ears for one week after your otoplasty. Too much activity too soon will increase the risk of complications such as bleeding and delayed healing.

It would be wise to ensure you have adequate time off work (and school for children) to allow sufficient time for your body to recover from the effects of surgery.

Discuss the expected time for recovery with your surgeon prior to your surgery and allow plenty of time for adequate recovery.

Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post-operative recovery. Many people believe the surgeon "heals" the patient. Not one person can make another heal. Your cooperation and close attention to pre and post-operative instructions is extremely important and is in your best interest.

Following instructions

A major factor in the course of healing is whether you follow the instructions given by your surgeon and the nurses in the surgery. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery.

It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.



Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst. You may be teary. It is not uncommon to experience a brief period of "let-down" or depression after any surgery.

You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.

Day 3 post surgery may be the worst. As healing occurs, these thoughts usually disappear quickly.

If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.



Support from family and friends

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you.

The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.



Complications

Complications are infrequent. When complications occur, it is seldom a consequence of poor surgery or poor postoperative care. Complications are more likely to be a result of the variable healing capacity or a failure to follow post-operative instructions. You will be assisted in every way possible if a complication occurs.

Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible. Your surgeon and the nursing staff will ensure that you have support and assistance during this difficult time.

Appointments

It is very important that you follow the schedule of appointments established for you (or your child) after surgery. Appointments to see the nurse or the surgeon should be made before or immediately after discharge from hospital. The review appointment may be the next day or up to one week following surgery.

If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment. If you have any concerns don't feel that you are bothering the surgeon or the staff.

If need be, you (or your child) can be seen prior to any arranged review appointment to sort out any concerns.



Revisional Surgery

Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation. If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available. They keep updated by attending, national and international aesthetic conferences and seminars regularly.

The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

The rate of revisional surgery, even in the most skilled surgical hands, can never be zero because patient and surgeon can control only some aspects of the outcome.

Minor adjustments or additional revisions following cosmetic surgery may be necessary in up to 5% of patients. Revisional surgery is performed after the first postoperative year (12 months after surgery) because resolution of swelling and stabilization of the final appearance takes at least that long.

During the first year after surgery irregularities, asymmetries or poor contours may sufficiently improve without surgery, so very small imperfections following surgery should not be revised.

Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

If revisional surgery is required you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility and you will need careful financial planning you before you embark on any form of cosmetic surgery. Private Health Insurance is strongly advised for any cosmetic surgery.

