

Patient's Name: \_\_\_\_\_  
Date of Surgery: \_\_\_\_\_

Patient Educational Information: Provided by  
American Society of Plastic Surgeons

### **OTOPLASTY**

Ear surgery, or otoplasty, is usually done to set prominent ears back closer to the head or to reduce the size of large ears. For the most part, the operation is done on children between the ages of four and 14. Ears are almost fully grown by age four, and the earlier the surgery, the less teasing and ridicule the child will have to endure. Ear surgery on adults is also possible, and there are generally no additional risks associated with ear surgery on an older patient.

If you're considering ear surgery for yourself or your child, this information will give you a basic understanding of the procedure-when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on your individual circumstances. Please be sure to ask your doctor if there is anything you don't understand about the procedure.

### **ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK**

When ear surgery is performed by a qualified, experienced surgeon, complications are infrequent and usually minor. Nevertheless, as with any operation, there are risks associated with surgery and specific complications associated with this procedure.

A small percentage of patients may develop a blood clot on the ear. It may dissolve naturally or can be drawn out with a needle.

Occasionally, patients develop an infection in the cartilage, which can cause scar tissue to form. Such infections are usually treated with antibiotics; rarely, surgery may be required to drain the infected area.

### **PLANNING FOR SURGERY**

Most surgeons recommend that parents stay alert to their child's feelings about protruding ears; don't insist on the surgery until your child wants the change. Children who feel uncomfortable about their ears and want the surgery are generally more cooperative during the process and happier with the outcome.

In the initial meeting, your surgeon will evaluate your child's condition, or yours if you are considering surgery for yourself, and recommend the most effective technique. He or she will also give you specific instructions on how to prepare for surgery.

### **WHERE THE SURGERY WILL BE PERFORMED**

Ear surgery is usually performed as an outpatient procedure in a hospital, a doctor's office-based surgical facility, or a freestanding surgery center. Occasionally, your doctor may recommend that the procedure be done as an inpatient procedure, in which case you can plan on staying overnight in the hospital.

### **TYPES OF ANESTHESIA**

If your child is young, your surgeon may recommend general anesthesia, so the child will sleep through the operation. For older children or adults, the surgeon may prefer to use local anesthesia, combined with a sedative, so you or your child will be awake but relaxed.

### **THE SURGERY**

Ear surgery usually takes about two to three hours, although complicated procedures may take longer. The technique will depend on the problem.

With one of the more common techniques, the surgeon makes a small incision in the back of the ear to expose the ear cartilage. He or she will then sculpt the cartilage and bend it back toward the head. Non-removable stitches may be used to help maintain the new shape. Occasionally, the surgeon will remove a larger piece of cartilage to provide a more natural-looking fold when the surgery is complete.

Another technique involves a similar incision in the back of the ear. Skin is removed and stitches are used to fold the cartilage back on itself to reshape the ear without removing cartilage.

In most cases, ear surgery will leave a faint scar in the back of the ear that will fade with time. Even when only one ear appears to protrude, surgery is usually performed on both ears for a better balance.

### **GETTING BACK TO NORMAL**

Adults and children are usually up and around within a few hours of surgery, although you may prefer to stay overnight in the hospital with a child until all the effects of general anesthesia wear off.

The patient's head will be wrapped in a bulky bandage immediately following surgery to promote the best molding and healing. The ears may throb or ache a little for a few days, but this can be relieved by medication.

Within a few days, the bulky bandages will be replaced by a lighter head dressing similar to a headband. Be sure to follow your surgeon's directions for wearing this dressing, especially at night.

Stitches are usually removed, or will dissolve, in about a week.

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Patient's Initial

Any activity in which the ear might be bent should be avoided for a month or so. Most adults can go back to work about five days after surgery. Children can go back to school after seven days or so, if they're careful about playground activity. You may want to ask your child's teacher to keep an eye on the child for a few weeks.

**OTHER EAR PROBLEMS**

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, or lobes with large creases and wrinkles. Surgeons can even build new ears for those who were born without them or who lost them through injury.

Sometimes, however, the correction can leave a scar that's worse than the original problem. Ask your surgeon about the effectiveness of surgery for your specific case.

**MORE NATURAL-LOOKING EARS**

Most patients, young and old alike, are thrilled with the results of ear surgery. But keep in mind, the goal is improvement, not perfection. Don't expect both ears to match perfectly-perfect symmetry is both unlikely and unnatural in ears. If you've discussed the procedure and your expectations with the surgeon before the operation, chances are, you'll be quite pleased with the result.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.

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Patient's Signature

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Witness

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Date



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### CONSENT FOR SURGERY/PROCEDURE OR TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment.

I have received the following information sheet:

#### ABOUT OTOPLASTY SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operations or procedure to be performed.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I authorize the release of personal information for legal reporting and medical-device registration if applicable.

9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND;

- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and

nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.

2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.
3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

\_\_\_\_\_  
Patient or Person Authorized to sign for Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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Patient's Initial

## PRE-OPERATIVE INSTRUCTIONS

**No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for minimum of 7 days before and after the surgery (check the list of medications on the next page).**

**If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that Dr. \_\_\_\_\_ is aware that you are taking medication.**

**No Alcoholic drinks 3 days before and after surgery.**

**No smoking 1 week before and after surgery. For facelift patients smoking is not allowed for a minimum of 4 weeks before and after surgery.**

**No exercise for 2 days before surgery. No exercise 4 weeks after surgery.**

**Do not wear make-up, including false eye lashes, lipstick, nail polish, and contact lenses the day of your surgery.**

**Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.**  
**Take a bath and use antibiotic soaps the morning before surgery.**  
**For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.**  
**Bring your prescriptions with you the day of your surgery.**  
**Make sure that a responsible person will be with you to give you a ride home and be with you 24 hours after your surgery.**  
**For female patients, make sure that you are not pregnant before the surgery.**  
**You may bring a scarf, sun glasses or other articles to cover your dressings when leaving the office.**  
**It is best not to have a permanent or hair coloring within 7 days prior to surgery.**  
**Be punctual. If you are delayed, please call the hospital or the office.**

**Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable.**

**Thank you for your confidence in us.**

Dr. \_\_\_\_\_  


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Patient's Initial

### **PAYMENT POLICY**

**FULL PAYMENT TO BE PAID IN CASH OR CREDIT CARD PREFERABLY 5-7 DAYS BEFORE THE SURGERY.**

Patient is responsible to pay hospital overnight stay charges.

### **CANCELLATION/ REFUND POLICY:**

**20% of total amount IS NOT REFUNDABLE if you decided to cancel the surgery after the day of your pre-operative visit.**

I have read and I understand the payment and cancellation policy.

\_\_\_\_\_  
**Patients Signature**

\_\_\_\_\_  
**Date**

## 7 DAYS BEFORE SURGERY

### PLEASE READ CAREFULLY

**DO NOT take any medication containing aspirin or acetylsalicylic acid, which is aspirin, minimum of 7 days prior to surgery. To be safe, check medicine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.**

The following is a list of common medications containing aspirin:

A.P.C. Tabs	DeWitt's Pills	Norgesic
Advil	Doan's Pills	Nuprin
Alka Seltzer Plus	Dristan	pepto-Bismol
Anacin	Ecotrin	Persiten
Ascriptin	Empirin	Percodan
Aspergum	Equigesic	Rhinex
BC Powder	Emprazil	Robaxisal Tabs
Bayer	Flogesic	Salicylsalicylic
Bufferin	Florinal	Sinulin
Butal compound	Ibuprofen	Soma compound
Cama Arthritis	Isolye	St. Joseph Aspirin
Comprazil Tabs	Measuring Tabs	Supoac
Contact	Midol	Synalgas
Cope	Momentum	Triaminicin Tabs
Coricidin tabs	Motrin	Ursinus
Darvon	Nervine	Vanquish
Dasin		Zorpin

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Patient's Initial P.5

### POST-OPERATIVE INSTRUCTIONS- OTOPLASTY

#### General Information

- Do not drive a car or operate machinery for 24 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- **Do not use tranquilizers, sleeping medications, or any nonprescribed medications unless approved by your physician. Avoid for 14 days any type of Nsaids(non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.**
- **No Aspirin for 14 days.**
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4-6 weeks post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24 hours.
- Do not removed your head wrap until advice by your doctor.

#### Activity

- Rest for the remainder of the day.
- Exercise is to be eliminated for the first 2 weeks, then start light activity (walking, etc.).Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.
- Do not do any type of lifting for 1 week, after your surgery

**Medications**

- **Next dose of medications may be given:**

Pain medication \_\_\_\_\_ @ \_\_\_\_\_  
Antibiotics \_\_\_\_\_ @ \_\_\_\_\_  
Steroids \_\_\_\_\_ @ \_\_\_\_\_  
Other \_\_\_\_\_ @ \_\_\_\_\_

Notify Physician or assistant @ \_\_\_\_\_

IF ANY OF THE FOLLOWING PERSIST:

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Pain is not relieved by pain mediation.

**Follow Up care**

**Next appointment is scheduled-----At-----office.**

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