



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Otoplasty

Patient Care Instructions

General Information

Otoplasty is a general term for surgical correction of the prominent ear. Over projecting or prominent ears are significant congenital ear deformities that are a source of teasing and social embarrassment for a young child. The prominent ear can be present at birth. There can be multiple components to the prominent ear, including effacement of the upper fold of the ear, enlargement of the conchal bowl, or a combination of the two. Prominence can be mistaken for cupping or construction of the ear, which may require a different operation for correction. In order to correct the prominent ear, the cause of the prominence should be identified and addressed. The operation can be performed at the earliest at four years of age. Otoplasty can be performed at any point after this age. The otoplasty operation usually takes under two hours and is an outpatient operation/procedure. The ear prominence is corrected through an incision in the back of the ear, which enables folding, suturing and reducing the ear prominence. The sutures are internal and usually a simple headband dressing is all that is needed. Scarring is usually minimal and the most common risk is partial recurrence of the prominence. An otoplasty consultation with photographs is an important component to proceeding with an otoplasty, or ear pinning, which can be done in Dr. Ramanadham's office.

Things to handle prior to your surgery

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for at least 1 to 2 days.

Necessary medications will be called into your pharmacy. These should be picked up prior to surgery.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call our office. If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions.

Pre-Operative Guidelines

Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications. Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy.



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Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication as prescribed. Often these medications are necessary for the first 2 to 3 days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medications usually make this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

Activity Restrictions

Walking is encouraged the day of the operation and can be increased over the first 2 weeks. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.

Sleep with your head on 2 pillows or in a recliner for the first 2 days.

Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for 5 to 7 days or until you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 4 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 4 weeks.

Incision Care



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The incisions for otoplasty are usually located in the back of the ear and are closed with dissolvable sutures. Dr. Ramanadham closes the incisions with stitches under the skin and one simple absorbable stitch in the skin. The incision is then covered with a non-adherent yellow gauze and a bolster compressive dressing.

Care should be taken to avoid additional force to the ear(s).

Minimal drainage is to be expected from the incisions.

You may shower the day after your operation but keep the operative dressing dry. Make sure someone is with you at your first shower.

You may gently begin washing your incisions with mild soap and water after the operative dressing is removed (usually one week), but do not submerge the incisions for at least 3 weeks.

If you have persistent sutures, they will be removed in 7 to 14 days.

An athletic headband is to be worn for 6 weeks after the initial operative dressing is removed. This should be worn as much as tolerated and can help prevent recurrence. After this time period it should still be worn at night as much as tolerated for the first 3 months after surgery.

What to Expect after an Otoplasty

Mild swelling in the areas is expected, this will subside in one week.

Bruising and swelling may spread to surrounding areas.

It is common to have discomfort and mild burning around the incisions after surgery. This is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the incisions. Gauze may be reapplied if it is bothersome.

However, you should call the clinic if you have continuous bleeding, significantly more swelling on one side than the other, or any severe pain associated with swelling.

There may be a feeling of numbness of the areas that will subside with time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures.

This will resolve when the stitches dissolve or are removed.

When to Call the Office

If you have increased swelling and bruising on one side significantly more than the other. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing redness or swelling around the incision.



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If you have severe pain not relieved by pain medication. Especially if only on one side.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions, please call our office.

Follow-up Care and Appointments

Your first follow-up appointment will be in approximately 5 to 7 days with Dr. Ramanadham. You should schedule to be seen in 3 weeks, 6 weeks, 6 months and 1 year.

Incisions will be evaluated and persistent stitches will be removed if not dissolved. Generally, they are dissolvable and will fall out.

Suggested Shopping List

Items to have on hand prior to surgery

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
 - Norco (pain medication)
 - Keflex (Antibiotic)
 - Zofran (nausea)

- Gatorade or another low calorie alternative, such as water with electrolytes

- Athletic head band

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation

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