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OTOPLASTY (CORRECTION OUTSTANDING EARS) POST OPERATIVE INSTRUCTIONS AND 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

Please leave your ear dressing on and dry. It will be removed in your first post operative visit. After that, the sutures should be washed with soap and water 3 times a day, followed by the application of Polysporin ointment or Vaseline. For washing, simply wet your finger tips with soap and water, and rub right over the stitches. Rinse with water, and then dab the incision line dry with a clean towel or Kleenex. The Polysporin ointment or Vaseline can also be applied with finger tips.

The washes and ointment continue until the sutures have fallen out. If stitches are still there after a week, simply scratch at the knots while you are washing, and they will then break off.

Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for two to three months. 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 for purchase in our office. Our office staff will be happy to help you in your selection of the scar cream and other creams that will help with your skin care. Please about inquire about these products during your pre-operative visit.

Head Elevation

Head elevation reduces bruising, bleeding and swelling. It is helpful to sleep with an extra pillow for 2 to 3 months after surgery as this reduces "morning puffiness". You may sleep on your side any time after surgery.

Ear Compression Garment

Please bring a head band or sport sweat band with you on your first post operative visit. This will be applied to your ears after the dressing has been removed. The hand band holds the ears in position while the healing is taking place. It should be kept on the ears for two weeks night and day and then two additional weeks at night time only.

Pain Pills

Most patients are pleasantly surprised how limited their postoperative discomfort is. To reduce the need for pain pills, Advil (Ibuprofen) 200 mg should be taken regularly every 6 hours. Midway between the 6 hourly dose of Advil (that is, 3 hours after the last dose of Advil) please take either an extra strength Tylenol (Acetaminophen) or, if there is more discomfort, one of the stronger pain pills prescribed to you. This combination of anti-inflammatory (Advil) 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

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.

Early Fever

A low grade fever (up to 37.8oC) 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. 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, or see your family doctor if this happens. You will need to be seen as you may need to have antibiotics.

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.

Wound Massage

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should be carried out. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line. 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 four 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.

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 three weeks, full exercise activities can be resumed.

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 I am not immediately available, please go to the emergency room department at North York General Hospital, or your closest emergency room department. I hope you have a speedy recovery from your surgery.

Sincerely,
Bernd R. Neu, M.D.