



PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF SURGERY

Pre and Post Operation Instructions for Otoplasty

Otoplasty is done to correct deformity of the outer ear. Otoplasty may be done to bring the ears closer to the head and reduce the size of ears that are larger than normal. Unusually shaped ears may also be corrected. The doctor makes an incision behind the ear, and the normal cartilage folds and shape of the ears are recreated.

BEFORE SURGERY:

- Minimize aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Tylenol is permitted at any time.
- If you take Coumadin or other blood thinners please discuss this with your surgeon.
- Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water.
- The hospital or surgical center will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery, as you will not be able to drive.

PAIN MANAGEMENT AFTER SURGERY:

- There is usually moderate pain the first night after surgery, mostly from the bulky pressure dressing worn for the first 24 hours. After the bulky dressing is removed the next day, there typically isn't much pain after this surgery.
- The ears will be tender, so if the patient usually sleeps on their side, the sleeping pattern will be disrupted for a week or so following the surgery. Elevating the head of the bed or sleeping on a few pillows will help to alleviate some of the pain.
- Give pain medications such as Tylenol as necessary

WOUND CARE:

- A tight dressing will be placed over the ears to keep the ears from developing a blood clot and to decrease the swelling. The dressing will be removed one day after surgery and the ears will be examined.
- It is important to protect the ears against bending or folding for 6 weeks. A 'beanie' cap or an ear band like you would use in cold weather works the best. This head band should be worn day and night for 3 weeks, then at night only for 3 more weeks.

DRAINAGE:

- A small amount of blood/drainage is common, especially the first night.
- Soft drains are often placed behind the ears, and removed with the bulky dressing the day after surgery.
- The bloody drainage usually does not soak through the dressing completely, but more gauze can be applied over the dressing if necessary.
- The Physician must be the one to remove the dressing.
- Call your Doctor if the bleeding does not stop.

BATHING/SHOWERING:

- For the first week after surgery, the ear should not get wet, so be cautious with baths and showers. You may bathe as usual after one week.

ACTIVITY:

- Avoid sports or strenuous activities for 2-3 weeks.
- Contact sports and ball activities should be avoided for 6 weeks after surgery. There is a risk of deformity or loss of correction if a direct injury to the ear should occur.

WHEN TO CALL THE DOCTOR:

- Redness or tenderness of the ear
- Swelling
- Uncontrolled pain
- Temperature over 101.5 degrees Fahrenheit
- Excessive bleeding/drainage—please do not take aspirin or Motrin (Advil or Ibuprofen) for one week before or one week after surgery.
- Signs of dehydration—if the patient has had very little fluid intake for 12 hours or if a child seems particularly irritable or has not urinated for 8-10 hours.

RISKS:

- The ears will not be perfect, nor will they be perfectly symmetric, but they should be greatly improved.
- If a blood clot develops or the patient doesn't take the antibiotics, an infection could occur that could lead to cartilage loss, skin loss, unusual scarring, and a deformed ear.
- The shape of the ear canal could be deformed, resulting in cerumen impaction and hearing loss.
- One or both ears may slowly start pushing back out again, requiring more surgery. Small touch-up surgery can usually be done in the clinic with local anesthesia.

INSURANCE COVERAGE:

As a courtesy to our patients, we will check with your insurance company to find out if this procedure is a covered benefit for you. However, you are responsible to verify these benefits and you also are responsible for any co pays, co-insurance and deductibles related to your surgery. Below is the recommended surgery along with the procedure code also known as a CPT code, this is for your records if you were to call your insurance to verify eligibility and authorization.

CPT CODE: 69300

We will be in contact by telephone after checking these benefits with your insurance to schedule this procedure. Please allow us 2-4 weeks to hear back from your insurance company. If you haven't heard from us in this time please do not hesitate to reach out to us.

Please note that some procedures, including Rhinoplasty, sometimes require additional time to gain approval from your insurance company. **Depending on your insurance it may take us several weeks to obtain a guarantee of coverage before we can schedule.**

BILLING:

Please be aware that all surgical procedures consist of 3 separate bills - from the hospital, surgeon, and anesthesiologist. These are all billed through insurance. If you would like an estimate regarding your out of pocket cost after insurance coverage, we are happy to help you obtain these.

A representative from our office will contact you prior to surgery to let you know your out of pocket cost after insurance coverage for the procedure. They will be collecting this amount from you prior to surgery. If you have any questions for our billing department please contact our billing department manager Tiana at 801-533-0589 Extension 1571

Please Call our office anytime with Questions or concerns, we are always happy to help!

Derrick Gale MD

Assistants:

Maty Fish - Medical Assistant

Phone: 801-328-2522 Extension 1409

Fax: 801-533-0589

Eliana Arellano - Patient Coordinator

Call or Text: 385-226-5577