

ORANGE COUNTY PLASTIC SURGERY
4501 Birch Street
Newport Beach, CA 92688
949-888-9700

POST-OPERATIVE INSTRUCTIONS FOR OTOPLASTY (EAR PIN-BACK)

1. On your day of surgery you can expect to feel sleepy; this may continue to the following day. For this reason, it is imperative that a responsible adult spends the first 24 hours at home with you.
2. You will have a full head dressing which will remain on for up to a week. It is very important that the dressing remain in place for this time to allow proper healing and placement of the ears. Occasionally, this dressing begins to feel exceptionally tight under the chin. If this does occur and is causing you extreme discomfort, the sling under the chin may be slit with a pair of scissors and the ends loosely approximated with tape – do not take this dressing off without speaking with your surgeon.
3. Activity should be kept at a moderate level. Avoid any activity which causes you physical discomfort.
4. You may bathe with special care not to get the head dressing wet. Once your surgeon has removed the dressing, you may shower and shampoo normally.
5. There are no dietary restrictions post-operatively. However, you are cautioned to avoid alcoholic beverages while taking any medication for pain, sleep, or tranquilization.
6. If possible, you should try to sleep on your back until your head dressing has been removed. Elevating your head and back with a few pillows and tucking a pillow under your knees helps make this position more comfortable. We realize that this may be close to impossible for some children, so simply do the best that you can. Repositioning the child after he/she is asleep sometimes helps.
7. You may resume driving 48 hours after your last pain pill but only if you feel comfortable and physically able to do so.
8. You are encouraged to call the office with any questions.

If you have any questions or concerns please call the office at (949) 888-9700, after hours call Dr. Bunkis cell at 949-413-8888.

() BY CHECKING THIS BOX I, OR MY CARETAKER, ACKNOWLEDGES THAT I HAVE RECEIVED AFTER CARE INSTRUCTIONS AND THEY HAVE BEEN FULLY EXPLAINED TO ME.

Patient or Caretaker Signature

Date/Time

Physicians Signature

Date

PHYSICIAN COPY

IN CASE OF AN EMERGENCY DIAL 911

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