

Post-Operative Instructions Following Otoplasty (Ear Pinning)
Surgery:

Clinic Phone Number: (801) 449-9990

1. Post-operative care:

Immediately after your surgery- Go to www.MobleyMD.com/care. There is a post-op care video(s) for you to watch. There is not much to do for the first 48 hours but its good to watch the video to familiarize yourself. You have the option to remove the dressing yourself or we are happy to do it for you. This can be discussed after your surgery. We want you comfortable either way.

2. How you should expect to feel after surgery:

- If you had general anesthesia, that can make you feel groggy for up to 48 hours after surgery. This can cause nausea and sometimes vomiting. Keep yourself hydrated with water, 7-up, Gatorade, or other sport drinks. Eat a bland diet (saltine crackers and broth for starters).
- After surgery you will have some pain and discomfort, which is to be expected and should be controlled with pain medications (Tylenol or prescription pain medications only)
- **Escalating, severe, throbbing pain in the ears is not typical and should be addressed immediately.**
- When resting, elevate your head above your heart to help decrease swelling for the first 3 days after surgery. An extra pillow or two is usually all that is needed. Sleeping sitting up is not necessary.

3. Pain Management:

- Dr. Mobley will prescribe you a narcotic pain medication to help control your pain after surgery. He will explain in detail how and when to use the medication. **If you have any allergies or issues (nausea, itching, or sensitivities) with a certain pain medication, please let us know in advance, so we will be able to give you a more compatible pain medication prescription.**

- **Tylenol is the ONLY over-the-counter pain medication you are able to take after surgery for seven days. No aspirin, Alleve, or Ibuprofen. They can all cause bleeding.**
- Common side effects of narcotics include:
 - Constipation: Take stool softeners (Mira Lax), increase fluids, walk more.
 - Nausea: Decrease narcotics, use a suppository, and take medication with food.
 - Loss of appetite: This will improve over time and once you stop taking the narcotic.
 - Sleepiness: This will improve once you stop taking the narcotics.
 - You should **NEVER** drive or consume alcohol while taking narcotic pain medication.

4. Activity/Exercise:

- Following your surgery, NO strenuous activity or exercise should be performed for the first week.
- **Light mobility is encouraged and is vital to your recovery. Take short, frequent walks around your house to decrease the chances of any complications, avoid developing a leg blood clot, and maintain good circulation.**
- **Do not lie in bed for extended periods of time.**
- One week following surgery you can begin to increase your activity by 15% each day. By the 14th day following surgery you should be back to your normal activities.

5. Return to work:

- In most cases you will be able to return to work within a week from your surgery. Each patient is different in their healing process so this can be discussed at one of your post-op appointments. A return to work form can be given to you at that time.

6. Dressings and wound care:

- You will have a facial wrap that will cover your ears and most of your face. This dressing can be removed 2-3 days after your procedure. **Again. The video at MobleyMD.com/care covers this in great detail.**

- When the facial wrap is taken off, it will be replaced with an elastic headband. Many patients choose to purchase a more “cool” headband for post op use, but that is of course up to each individual.
- The headband is to be worn over your ears day and night for 7 days. Starting the second week, the headband needs to be worn only at night for the next 6 weeks. This will help protect your ears from any potential damage caused by nighttime tossing or turning.
- You will have dissolvable stitches behind your ears, which will take a few weeks to dissolve. When you shampoo your hair take some of the foam and rub the back of your ears, this will help break down any crusting and keep the area clean. Do not rub aggressively. Pat your ears dry. Then apply a small pea size amount of the antibiotic ointment behind each ear on the incision for 7-10 days after your surgery.
- All patients, especially younger patients, should be extremely careful for the first 6 months following surgery to not have the ears hit during any type of recreation, sports, or “horse-play”.

Signature: _____ Date: _____

ON-CALL POLICY

- Dr. Mobley is in solo private practice. This arrangement ensures many benefits for patients, such as a very customized office surgical experience. Every effort is made to be available to patients as much as is humanly and reasonably possible but no one doctor could himself be available to every patient 24 hours a day, 365 days per year. Dr. Mobley maintains several on-call relationships with doctors in the valley including Scott Haupt, MD, John Bitner, MD, Scott Thompson, MD, Lucy Barr, MD and Dr. Benjamin Dunkley. Dr. Mobley is also a member of St. Marks Hospital. Dr. Mobley is also a clinical adjunct Assoc. Professor of Surgery at the University of Utah Hospital and has a close relationship with Dr. Eric Cerrati.
- If you were to experience a serious concern after business hours or on the weekend, you should first try contacting Dr. Mobley. In most cases, he will be able to assist you via his cell phone but if he is out of town and you need to be seen in person, it is very likely that one of the doctors mentioned above would be available to assist in your care. The after hours “emergency” number is 801-989-7407. After that, your options

would include going to the emergency rooms of St. Mark's Hospital, or the University of Utah Hospital, all of which should have an otolaryngologist and/or a plastic/facial plastic surgeon on call who can provide proper emergency / urgent medical care. If your home is more than a few hours from Salt Lake City, you may wish to contact a local ENT surgeon or facial/plastic surgeon rather than traveling to Salt Lake City.

- **IN THE CASE OF A LIFE-THREATENING EMERGENCY, YOU SHOULD PROCEED DIRECTLY TO THE NEAREST EMERGENCY ROOM RATHER THAN TRYING TO CONTACT DR. MOBLEY OR ANY OF HIS ASSOCIATES AND THEREBY DELAYING TREATMENT.**

With over a decade of experience, Dr. Mobley has found that true on-call emergencies are fortunately few and far between. The purpose of this policy is to inform you that every effort will be made to connect you with Dr. Mobley in the rare event of a true on-call emergency. If Dr. Mobley is unavailable, you should have confidence knowing that there are several different options for you to pursue, including seeking care in an emergency room. The chances of any one patient needing this care are quite small but in healthcare there is no such thing as zero risk, so we provide this information to you with full transparency.
