

Otoplasty Surgery Consent Information

This information will help you to understand the risks and complications associated with Otoplasty Surgery. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

2 General Risks

Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

3 Specific Risks During Surgery

Bleeding, Injury to ear cartilage, Need for extra tissue

4 Specific Risks - Short Term

Bleeding, Infection, Sensation Change, Firmness, Exposed sutures, Dressings, Delayed healing and Tissue death

5 Specific Risks - Long Term

Asymmetry, Changed shape, Trauma, Scars, Unsatisfactory result



All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at higher risk as the waste products clog the airways and damage the airway lining preventing cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will discuss this with our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.



Awareness

Most patients give away signs such as increased blood pressure or heart rate that will alert anaesthetists that they are feeling pain. Modern monitoring will alert anaesthetists that patients are not asleep earlier than heart rate and blood pressure indicators.

Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior the surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to and from the hospital.

Specific Risks During Surgery

Bleeding

There is always a small amount of bleeding with otoplasty. This is usually inconsequential. However occasionally bleeding is significant enough that we decide to place surgical drains within the ear to prevent haematomas (clots) from forming after the operation

Injury to the ear cartilage

During shaping, the ear cartilage may be damaged requiring repair. This is usually evident during the operation, and managed at that time. If it is not noticed during the operation, other procedures to correct any problems may be required.

Need for extra tissue

The requirement for extra tissue should be able to be predicted at the time of your pre-operative consult, and harvesting these will require additional incision and small risks, which will be discussed if the need is likely.

Bleeding

There will be a small amount of bleeding or red discharge from your ears in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), tilting your head backwards and applying constant gentle pressure to your ears. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. If an increase in bleeding is noticed at the same time as an increase in pain, you may be developing a haematoma (blood clot) within the ear. This may need to be removed. Please contact either the rooms or the hospital.



Infection

Infection is uncommon after elective facial surgery. You will be given antibiotics through the drip during the operation and if there are any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 10th post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

Sensation change

You should expect some numbness around your ears after the operation. This is to be expected and should resolve over the course of a few weeks.

Firmness

After any operation, as tissues heal there is some swelling/firmness. The majority will resolve within 4-6 weeks, but the last small amounts can take up to a year to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues.

Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office.

Dressings

Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Delayed Healing & Tissue death

The expected time frame of healing: skin should heal within a week, bones within 4 weeks and soft tissues around about 6-8 weeks. Diabetics, smokers/vapers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery.



Specific Risks - Long Term

Asymmetry

Small asymmetries should be expected. Allow at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Changed shape

Critical appraisal of re-shaped ears often shows small signs of the fact that they were once different. This is to be expected, but we aim to ensure that these signs are as invisible as possible. Over time it is likely that the ear will show subtle changes that will not be noticed by the casual observer, but may be noticed by surgeons and patients.

Trauma

Your re-shaped ear will always be more susceptible to trauma than a normal ear. It is very important during the first 6-8 weeks to protect the ears from even the slightest of knocks. Damage to your re-shaped ears is more likely to require surgery than an ear that has not be operated on.

Scars are hidden behind the ear and generally heal very well.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months we can discuss further surgery.

Questions

If you would like clarification on any of this information please contact the office.

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