

EAR KELOID SURGERY

Surgery Date: _____ Place: _____ Arrival Time: _____

TWO WEEKS BEFORE SURGERY:

1. Some medication can interfere with anesthesia and cause undesirable side effects that can affect your surgery. Please read over the enclosed medication information list and let us know if you have questions. Aspirin should not be taken 2 weeks before surgery. Tylenol is a good medication to take for any aches or pains you may have prior to surgery.
2. Ensure that you have picked up all your scar treatment supplies in advance as instructed by your Surgeon. These should include: medical compressive ear rings, silicone sheeting & paste, Mederma, sports head band, etc.
3. Smoking will affect how you heal. It is very important to stop smoking 2-3 months before your surgery. If you develop a cold, facial sore or any other illness prior to surgery, please notify us.
4. If you are having surgery as an outpatient, please be sure arrangements have been made for a responsible adult to drive you to and pick you up after your surgery and to stay with you for the first 24 hours.

EVENING BEFORE SURGERY:

1. Shampoo your hair and wash your face. Do not use conditioner or hair spray after shampooing.
2. Make some jello and/or soup for after surgery. Get a good night's rest.
3. Do not eat or drink anything after midnight.

MORNIG OF SURGERY: Be at the Surgery Center/Hospital at: _____

1. Do not eat or drink **anything** if your surgery is scheduled before noon. If your surgery is scheduled after noon, you may have coffee or tea and dry toast no later than 6 hours before your scheduled surgery time.
2. Do not wear wigs, hairpins, hairpieces, or jewelry. Dress in loose-fitting comfortable clothes. **Do not wear pullover tops or panty hose.** Wear slip on shoes.
3. Have someone drive you to your surgery and make certain a responsible adult will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

AT HOME AFTER SURGERY:

1. You usually do not stay over night in the hospital but will go home with a head dressing. After surgery it is best for you to go to your scheduled radiation and/or go home and lay down with your head elevated on pillows.
2. After the dressings are removed they will be cleaned and then yellow gauze and a gentle compression dressing applied. You may apply ice dressing to your face or areas of swelling but avoid ice bags or direct pressure to the ears.
3. Do not be alarmed if you continue to swell after the first 24 hours. **Swelling reaches its peak at 48-72 hours. It will also continue around the ears for months.**
4. If you have pain, take the pain medication every 3-4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medicine should not be taken together.
5. A light diet is best for the day of surgery. Begin taking liquids slowly. You can start a soft regular diet the next day. For 2 weeks avoid foods that require excess lip movement, ie., apples, corn on the cob, etc.
6. You will probably have a bloody ear discharge for 2-4 days so change the pads around the ear as instructed at least once a day. Do not rub or blot your ears, as this will tend to irritate it.
7. Keep your head elevated for at least 48 hours after surgery. If significant swelling or bleeding occurs notify the physician.
8. After 48 hours you may take a shower and gently clean off old blood and debris. Avoid direct pressure from the shower head to the ears for at least 2 weeks.
9. After the medical tape comes off gently clean behind the ears. Clean wound by using a Q-tip saturated with hydrogen peroxide followed by a thin coating of Polysporin or Vaseline ointment. This will help prevent crusts from forming. You may advance the Q-tip into the ears slightly as far as the cotton on the Q-tip but no further. Dress the ears with gauze as instructed and irrigate ears that feel occluded with over the counter ear drops when indicated.

GENERAL INFORMATION:

1. The outer head dressing will be removed the day after surgery or 48 hours. A compression head band will be worn for 6-7 days after the surgery day and night.
2. After 48 hours the ears can be washed gently with a bland soap. Once the medical tape falls off or is removed in 5-7 days clean daily with soap and water.

Vaseline should be used for the first week sparingly and then moisturizing creams after 14 days if the ears are dry. Avoid over moisturizing the skin particularly behind the ears.

3. The ears will feel numb after ear surgery and occasionally the neck will feel “funny”. These feelings will gradually disappear.
4. Most of the swelling will be gone by 6 weeks after surgery. It will usually take about a year for the last 10% of the swelling to disappear. Your ears may feel stiff, and not as flexible as before surgery. This is not noticeable to others and things will gradually return to normal. Absolute symmetry is not possible after bilateral ear surgery.
5. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 2-3 weeks.
6. All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact is to be avoided and use a sunscreen with SPF 20 or greater for at least 6 months applied after 2 weeks.
7. Please take all medication carefully and as directed.
8. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
9. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.
10. Close follow-up with your surgeon is critical to prevent recurrence after Keloid surgery. It is most important to follow the external radiation regime closely.
11. It is also important to make all your scheduled follow-ups. These appointments include scar prevention and steroid injections critical to the success of surgery.
12. It will be about 10 months before you will know for sure if your Keloid scar will recur. It is important to note that compliance or follow instruction in the follow-up period is as important as the surgery itself.
13. Even when we all do our best there is at least a 20% chance of Keloid recurrence.

JBL/jbl