Elite Plastic Surgery
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OTOPLASTY

Post Operative Instructions

In recovery: you will have gauze and protective cups over your ears. Don't be alarmed if you can't hear things normally. You, will usually be in recovery for 60 minutes.

First night home: Restrict your general activity to bed rest for the first night, getting up only to use the restroom with help. Drink plenty of fluids to help rid your body of the anesthetics.

Medications: Be sure to take your medications as prescribed. Please note first 3-5 days are the toughest. Swelling and discomfort gradually increase over the first 3 days and then will gradually subside. Don't be alarmed if things feel worse before they get better (for example, day 2 you might feel better than day 4 - that's normal).

Pain Medication: Narcotics should only be used as needed for 3-5 days. Always eat something before taking Narcotic regardless of time to help prevent nausea. Narcotics may cause constipation; you should take over-the-counter stool softeners.

After 5 days, you may switch to Tylenol and after 2 weeks you may use ibuprofen.

Diet: Clear liquids or a soft bland diet is recommended the first night home (i.e. bullion, apple juice, crackers, and jell-o). If you can tolerate a bland diet, you may resume a normal diet.

Hygiene: May wash from the chest down making sure to keep dressings clean and dry for 48 hours. Do not submerge incisions under water until completely healed without scabs (approx. 4-6 weeks). After 48 hours remove protective cups and gauze. Then shower and gently cleanse the area without pulling ears forward. Do not use a blow dryer unless instructed otherwise by the surgeon. Replace protective cups or compression band over the ears.

Position: When sleeping and resting stay on your back and keep your head elevated about 45 degrees and place a pillow under your knees for the first week. Wear protective cups over the ears while sleeping for the first week to help prevent injury to the ears. You must change your position or get up and move around every 2 hours to reduce the dangers of blood clots.

Activity: The day after your surgery walk around inside every 2 hours while awake (2-5 mins). The first week is mostly about resting, getting good nutrition, and staying hydrated. Avoid bending over to pick things up from the floor for one week, and bend at the knees.

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The second week you can start to do minimal activities with periods of rest. You will be able to return to non-strenuous work approximately 1-2 weeks after surgery.

NO HOT or WARM compresses. NO COLD or ICE compresses to the area.

You can expect: You will be seen for your first post-op visit 1 week following your surgery. -Sutures typically will be removed at your 1-week post-op visit. We will provide a compression head wrap to be worn as much as possible during the first 3-6 weeks. If more healing time is needed; sutures may be removed 10-14 days after your surgery.

-Return to non-strenuous work within 5 - 7 days.

-Moderate discomfort, which should be relieved with the pain medications.

-Some bloody drainage on the dressings.

-Moderate swelling. Wear a compression headband as much as possible to help with this.

-Black and blue discoloration of the ear(s)

-No alcohol for 1 week after surgery or while on pain medications.

-No smoking for a minimum of 3 weeks following surgery.

-It can take up to 2 years for the scars to fade.

-Do not wear earrings until cleared to do so by the surgeon.

Call the office if you experience:

-Severe pain not responding to pain medications.

-Excess swelling or swelling that is greater on one side than the other.

-A bright red spot on the bandage which continues to enlarge or bright red blood in drains that seems to be clotting.

-Incisions that appear to be opening or becoming very red, hot to the touch or containing pus

-Any type of allergic reaction symptom such as rash, itching, etc.

-A fever over 100.4

-Call if you have any questions at (480) 291-6895

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.