



INFORMED CONSENT; OTOPLASTY SURGERY

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you of otoplasty surgery, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Barood.

INTRODUCTION

Otoplasty is a surgical process to reshape the ear. A variety of different techniques and approaches may be used to reshape congenital prominence in the ears or to restore damaged ears. Each individual seeking otoplasty is unique both in terms of the appearance of their ears and expectations for results following otoplasty surgery. It is important that you fully discuss your expectations with Dr. Barood prior to surgery.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not undergoing the otoplasty operation.

RISKS of OTOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with otoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with Dr. Barood to make sure you understand all possible consequences of otoplasty.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Accumulations of blood under the skin may delay healing and cause scarring.

Infection- Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in Skin Sensation- Diminished (or loss) of skin sensation in the ear area may not totally resolve after otoplasty surgery.

Ear Trauma- Physical injury after the otoplasty procedure would disrupt the results of surgery. Care must be given to protect the ear(s) from injury during the healing process. Additional surgery may be necessary to correct damage.

Skin Contour Irregularities- Contour irregularities and depressions may occur after otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur.

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Skin Scarring- In rare cases, excessive or abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks from sutures used during an otoplasty. Additional treatments including surgery may be necessary to treat abnormal scarring.

Surgical Anesthesia- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Asymmetry- The human face is normally asymmetrical. There can be normal differences between ears in terms of shape and size. There can be a variation from one side to the other in the results obtained from an otoplasty procedure.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the ear may heal abnormally or slowly. Frequent dressing changes or further surgery to remove the non-healed tissue may be required.

Allergic Reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Long-term Effects- Subsequent alterations in ear appearance may occur as the result of aging or other circumstances not related to otoplasty surgery. Due to the resilient nature of ear cartilage, revisionary surgery may be necessary in order to improve the results following otoplasty surgery.

Pain- Very infrequently, chronic pain may occur from nerves trapped in scar tissue after an otoplasty.

Deeper Sutures- Some surgical techniques use deep non-absorbable sutures. These items may be noticed by the patient following surgery. Sutures may spontaneously poke through the skin, be visible, or produce irritation that requires removal.

Unsatisfactory Result- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with otoplasty. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



HEALTH INSURANCE

Most health insurance companies exclude coverage for procedures such as otoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by Dr. Barood, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The Informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and Informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Dr. Barood may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



CONSENT FOR SURGERY PROCEDURE or TREATMENT

1. I hereby authorize Dr. Barood and such assistants as may be selected to perform the following procedure or treatment:

OTOPLASTY

I have received the following information sheet:

INFORMED CONSENT; OTOPLASTY SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Otoplasty Surgery

Before Surgery Instructions:

Medications

- No Aspirin or Anti-inflammatory medications (See next page) at least 3 weeks before surgery. Tylenol may be taken if necessary.
- Notify physician of all medications you are taking including over-the-counter and herbal supplements
- Bring your daily medication with you on the day of your surgery
- Obtain antibiotic and pain medication prior to surgery

Diet

- Nothing to eat or drink after midnight, the night prior to your surgery

Tobacco

- Absolutely no tobacco (including “the patch”, nicotine gum, nicotine nasal spray) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be CANCELLED

Attire/Makeup

- Do not wear any makeup, contact lenses, nail polish, or jewelry to surgery
- Wear loose, comfortable clothing
- Leave jewelry and other personal valuables at home
- If your hair is long, place your hair in a ponytail on the day of surgery
- Purchase a headband to wear over your ears for after surgery

Activity

- Plan to have someone stay with you for the first 24 hours after your surgery
- Plan for a driver after surgery. If you do not have someone to drive you home your surgery will be CANCELLED
- Minors must be accompanied by a parent or legal guardian

Notify the office if you have any of the following symptoms within 2 weeks of your surgery:
FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, OR RASH

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Before you stop taking any prescribed drugs, you must receive clearance from the prescribed physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these medications you must discuss these with your doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- ❖ Coumadin
- ❖ Elmiron-IC
- ❖ Fragmin, Lovanox and other low Molecular Weight Heparin Drugs
- ❖ Methotrexate
- ❖ Plavix
- ❖ Persantin

Patients on Aspirin, Coumadin, or Aggrenox regimen should consult their ordering physician for instructions.

All herbal or dietary supplements should be stopped 2 weeks prior to surgery. **This includes vitamins, and anti-oxidant supplements, as well as consumption of any form of Green Tea.**

FAILURE TO ADHERE TO THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY.

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached. You are not to take any of these products listed. Tylenol is fine.

Authorization

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to Dr. Barood. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed.

I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking any of my regularly prescribed medications.

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Medications, Vitamins, and Supplements to Avoid

Aspirin and Aspirin containing medications include, but are not limited to the following:

Alka Seltzer	Darvon Compound	Palbalate
Alka Seltzer Plus	Darvon Compound 65	Palbalate SF
Anacin	Don's Pills	PAC
Apac Tablets	Dristan	Pamprin
APC Tablets	Easprin	Percodan
Arthritis pain reliever	Ecotrin	Percodan Demi
Arthropan	Emprin Compound	Propox Compound
Aspirin Tablets USP	Emprin Compound #3	Robixisal
ASA	Equagesic	Salflex
ASA plus codeine	Excedrin	Sine Off
Acriptin	Fiorinal	Sodium Salicylate
Asperbuf	Fiorinal #3	Soma Compound
Aspergum	4 Way Cold Tab	Saint Joseph
Axotoal	Liquiprin	Supac
Azdpme	Lortab ASA	Synalgos
BAC	Magnaprin	Synalgos DC
Bayer Aspirin	Measurin	Salwin Compound
BC Powder	Mediprine	Trilistate
Bufferin	Midol	Trigesic
Butalbital Compound	Momentum	Ursinus Tabs
Cama inlay-tabs	Mono-gesic	Vanquish
Carisprodal Compound	Norgesic	Zorprin
Congesprin	Norgesic Forte	Plavix
Cope	Norwich	Coumadin
Coricidin-D	Orphengesic	
Damason	Orphengesic Forte	

Anti-Inflammatory and Anti-Inflammatory containing medications include, but are not limited to the following:

Aches n Pain	Haltran	Naproxen
Advil	Ibuprofen	Nuprin
Aleve	Ibu-tab	Orudis
Anaprox	Ifen	Ovuvail
Ansaid	Indocin	Pediaprophen
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Panstel
Clinoril	Medipren	Rufen
Co-Advil	Motrin	Tolectin
Daypro	Motrin IB	Toradol
Dolobid	Nalfon	Trendar
Fledene	Naproxyn	Voltaren

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Additional medications to avoid include but are not limited to the following:

- | | | |
|---------------|-------------------------|-----------------|
| Alloe | Kava-Kava | Mysteclin F |
| Barberry | Licorice | Nicobid |
| Bilberry | Parsley Seed | Oraflex |
| Cardomon | Saffron | Pamelor |
| Don Quai | Tansy | Parnate |
| Chlortrimeton | Tumeric | Phendimetrazine |
| Clinoril | Valerian | Phentermine |
| Elavil | Vitamin C 250 gms / day | Ru-Tuss |
| Echinacea | Vitamin A | St. John's Wart |
| Fatty Acids | Vitamin E | Surmontil |
| Fever Feu | Willow Bark | Tagamet |
| Fish Oil | Endep | Tenuate Dospan |
| Garlic | Etiafon | Tetracycline |
| Ginkgo | Flagyl | Triavil |
| Ginger | Flexoril | Vibramycin |
| Ginseng | Imitrex | Yohimbe |
| Hawthorne | Lioresal | Zomax |

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Barood and his staff any questions I have related to these instructions or about my procedure, health, and healing.

Patient or Person Authorized
to Sign for the Patient _____ Date: _____

Witness Signature _____ Date: _____

PATIENT INITIAL _____

VERSION 1/08

OTOPLASTY



Otoplasty Surgery

After Surgery Instructions:

Medications

- Do not take medications on an empty stomach
- Children may take Children's Tylenol for pain
- Take antibiotic as directed
- No Aspirin or any medication containing Aspirin.

Diet

- Begin with sips of liquids and gradually progress to a regular diet as tolerated

Tobacco

- No smoking and being around anyone who is smoking for 2 months

Attire/Makeup

- After dressings are removed, wear a headband at all times for 2 weeks

Dressings

- Apply Neosporin or other antibiotic ointment to surgical incisions twice a day
- Leave dressings undisturbed until seen by Dr. Baroody

Activity/Work

- Rest at home for 24 hours
- No heavy lifting (greater than 10 pounds) and no strenuous exercise (aerobics, stretching, vacuuming, laundry, etc.) are permitted for 3 weeks
- Avoid bending down for 2 weeks
- Children may return to school with the head dressing in place; no gym or recess
- Sleep with your head elevated on 2 pillows if possible for 1 week
- Bathe the day after surgery; after your appointment with Dr. Baroody
- You may shampoo your hair after the dressings are removed
- Return to work/school in 7 – 14 days depending on post-operative physician examination
- Drive in 3-5 days provided you are not taking prescribed pain medication

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY



Otoplasty Surgery

What to Expect

There will be swelling and bruising following surgery. The severity varies with each individual. The bruising typically resolves within 2-3 weeks. The swelling may take a few months to completely resolve, but the majority of the swelling will be gone in 2-3 weeks.

It is not uncommon to feel emotional after any cosmetic surgery. This is usually related to the immediate discomfort, anxiety over the appearance of swelling and bruising, and limitation of activity and socializing. These feelings will disappear as your appearance improves and you return to your usual daily activities.

Notify the office immediately if you develop: POUNDING OR THROBBING PAIN (ESPECIALLY IF PRESENT ON ONE SIDE AND NOT THE OTHER), INCREASED SWELLING, (ESPECIALLY IF PRESENT ON ONLY ONE SIDE), LOSS OF VISION, FEVER OVER 100°F, NAUSEA OR VOMITING.

PATIENT INITIALS _____

VERSION 1/08

OTOPLASTY