

## D. After Operation

### 1. Initial recovery

You may have some nausea, and/or sore throat after the operation. Your doctors will advise you when it is safe to start eating. In general, you will be asked to start with clear fluids, before progressing to nourishing fluids and foods, to ensure there are no digestive problems.

### 2. The day after surgery

A doctor or nurse will remove wound dressing or pressure head bandage for wound inspection. You should be allowed to go home the day after surgery or on the same day if the surgery is performed as a daycare. However, doctors have to make sure you have fully recovered from the effects of anesthesia and were able to eat, drink and urinate. It will take more than 4 hours after surgery. You should not drive within 24 hours of surgery. You will be given an appointment date in a week to remove the sutures. There are also situations where the stitches will dissolve by itself without the need for it to be opened (absorbable). The doctor will advise accordingly.

### 3. Home advice

#### a. Supervision

You will be given a follow-up clinic appointment for one week following discharge. Should there be any concerns prior to that, contact your team (see section E below).

#### b. Activity

Your doctors will guide you on suitable levels of activities during your recovery process. You will also be supplied with painkillers and sometimes antibiotics. Each patient has various level of pain threshold. Please do not hesitate to take painkillers if needed. Ideally, it is advisable to take painkillers regularly as prescribed for first 24-48 hours after surgery and then, can take it once necessary.

### b. Why would I need surgery?

Reasons for surgical removal include:

- Recurrent infections, preferably after significant resolution of the infection.
- Persistent infection causing a discharge.

### c. Wound care

At home, please ensure your ear and site of the operation is always dry. It is no harm if the surgical wound gets wet during shower three days after surgery. However, after a shower, surgical wound should be dried carefully. You can apply prescribed antibiotic ointment on the wound.

### d. Sick leave

Soon after surgery (2 – 3 days), you should be able to start work / school / college if you are able to. If you need a sick leave, sick leave certificates will be given depends on your occupation as required.

### e. Complications to watch out for at home

Refer to section A.3.c. above.

E.

**Useful contact numbers:-**

**ENT Clinic**

Tel: 03-79492353/79492998

Monday - Friday:

0800-1700hrs

contact numbers

Useful



**UNIVERSITY  
OF MALAYA**  
MEDICAL CENTRE

## Patient Information

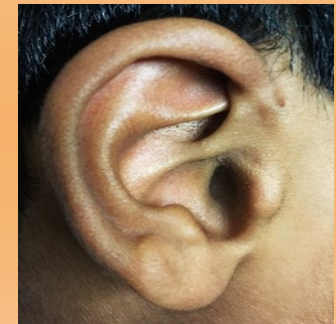
### Preauricular Sinus Excision

## A. General Information

### 1. Introduction

#### a. What is a preauricular sinus?

Preauricular sinus, or commonly known as an ear pit, is a



congenital malformation. It is skin-lined tract with an opening in front of the ear. It can appear on one or both sides. This can get blocked leading to an infection and abscess formation.

## 2. What is the advantage of surgery?

This surgery is to remove the ear pit and skin tract to prevent further infection and to relieve symptoms.

## 3. What are the possible risks and complications of the surgery?

### a. Patient factor

If you have other medical conditions, like diabetes, you may have a higher risk of complications like wound infection.

### b. Anaesthetic factor

In general, excision of preauricular sinus requires a general anaesthetic. However, it may be possible to do under regional or local anaesthesia. For specific risks associated with the different types of anaesthesia, please refer to the anaesthetic patient information leaflet.

### c. Surgical factor

The surgery is usually straight forward with a few possible complications :

- Bleeding
- Haematoma (blood clot in the wound)
- Wound infection
- Wound breakdown
- Scar or keloid formation
- Recurrence

More serious complication is extremely rare :

- Facial nerve injury

\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral tissue damage or postoperative haemorrhage or leakage, further operations may be required.

## 4. Any other options besides surgery?

You may choose not to have surgery. Most preauricular sinuses do not cause problems, and therefore surgery is not necessary. If there is infection, treatment with antibiotics is necessary. Once an infection has occurred, if surgery is not done, you may experience prolonged and recurrent symptoms.

## B. Before the Surgery

### 1. Preadmission clinic procedure

The surgical team who will have confirmed the indication for the procedure, and briefed you on what it involves will have reviewed you. Depending on your health and the complexity of your operation, you may be referred to the pre-anaesthetic clinic, so that any medical issues can be sorted out beforehand. Both surgical & anaesthetic teams will want accurate information on:

#### a. Details on your health

Important details to inform your doctors include whether you have any conditions like diabetes mellitus, hypertension, heart, lung or kidney disease, or have had any hospitalizations or operations in the past, as well as any complications that may have arisen. This would include any difficulties in childbirth, for women. Your doctors would also want to know about any conditions that run in the family.

#### b. Medications

Your doctors will want to have a complete list of all medications, including traditional/alternative medications/supplements that you are taking. It is important that you inform them of ALL medications that you are taking, as even supplements may interact with the drugs that are needed to perform the operation. Some may cause increased surgical complications such as bleeding or infection. You must also inform your doctors of any ALLERGIES, including to food.

## 2. Preparing for admission

### a. Advice prior to admission

It is advisable for you to be accompanied during the admission process the day before surgery. Ensure that you have all relevant documents with you (identity card (IC)/passport, guarantee letters - employers or insurers etc.), and sufficient funds for the deposit. If you have trouble walking long distances, it is advisable to bring/request a wheelchair.

### b. Medications, fasting etc.

Your doctors will have told you if you need to stop certain medications before the operation, and when to do so. These would include blood-thinning medications like aspirin and warfarin. They will also advise when you should start fasting before the operation. In general, you should stop eating solids at least 6 hours prior to surgery.

## 3. Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

## C. Operation

### 1. Anaesthesia

Refer to anaesthesia leaflet and section A.3.b. above. Most patients will undergo general anaesthesia.

### 2. Surgery

These are the steps :

- You will be lying on your back during the operation.
- The skin is cleaned with antiseptic and draped with sterile cloth.
- An incision is made in front of the ear with inclusion of the sinus opening and scar.
- The sinus opening, the sinus tract with surrounding tissue and a small piece of cartilage will be removed.
- The skin is closed once the bleeding has stopped.
- If the wound is oozing blood, a small drain is used for 24 hours.
- Wound dressing and sometimes a head bandage is used to prevent haematoma formation.