

## A silastic foam dressing for the protection of the post-operative ear

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**Summary**—We present a simple and effective method of protection for the post-operative ear using a modification of the silastic foam dressing.

We have found that silastic foam makes an effective dressing after prominent ear correction. We now use it routinely and find it very easy to apply and to remove. It moulds itself firmly behind and around the ear, helping to prevent haematoma formation and providing an ideal protection against external trauma. In addition, it is found to be extremely comfortable by the patient.

### Method

At completion of the surgical procedure, the head is tilted to one side and the external auditory meatus occluded with paraffin gauze to protect the tympanum and canal. The ear is closely surrounded by a ring of cardboard or stiff paper, the patient's hair being held out of the way. Appli-

cation of a little paraffin wax to the short hairs directly behind the ear will prevent these adhering. The silastic foam is mixed and poured into the cardboard ring, allowing it to flow behind and over the ear, about 10 to 15 ml of polymer base usually being required. The foam sets rapidly and the cardboard ring is easily removed. Any excess foam is trimmed off, but the foam mould is bulkier than that described by Tegtmeier in 1977 and will remain in position by itself. Removal at the appropriate time is effected by peeling the foam backwards off the ear.

### Discussion

Currently used dressings after pinnaplasty tend to be bulky and require great care in their construc-



Fig. 1



Fig. 2

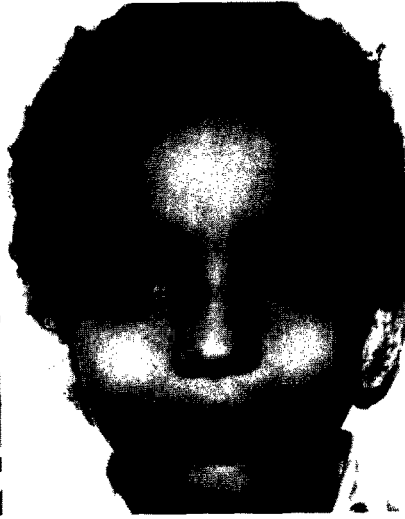


Fig. 3

Figure 1—Applying the foam within a cardboard ring. Figure 2—Foam in situ after trimming. Figure 3—Post-operative view.

tion if they are to perform their function of protecting the ear without undue pressure and if they are not to become unravelled or detached.

The traditional dressing consists of proflavine-soaked wool moulded around the ear with a small piece of tulle gras on the wound and held in place with a bandage wrapped around the ears and head. The proflavine wool dressing is used because of its property of setting firmly. The proflavine element was originally included to provide some degree of antisepsis at the time when paraffin (the liquid medium in which the wool is soaked) could not be sterilised. While initially moulding well, as the proflavine wool dries it tends to shrink away from the ear surface, thus tending to lose its compressive and supportive effect. Furthermore, accurate re-application of the loosened bandage can be difficult, particularly in an anxious child.

A number of alternatives have been suggested. Tanzer and Chaisson (1974) developed a rather more elaborate device made out of Orthoplast and leather and held in place by straps. The actual dressing on the ear itself remained the usual form. McIntire *et al.* (1983) suggested the use of "wrestling headgear"—a form of a purpose-made pair of cups for the ears not commonly seen in Britain—again with the usual gauze or wool dress-

ing. Tegtmeier, in 1977, described the use of silicone foam as a thin mould around the post-operative ear, but held in place by an Orthoplastic device similar to Tanzer's. Our method seems simpler and is very effective. The foam dressing will, in fact, stay in position by itself, but in order to disguise it a simple headband may be worn around it.

### References

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