Short Communication

Head bandaging following otoplasty—how we do it

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Abstract

One of the most common problems following otoplasty is that the bandage applied at the time of surgery slips prematurely, falling over the patient's eyes and thereby requiring replacement.

We present a simple technique which prevents this from occurring.

Key words: Bandages; Surgery, plastic; Ear, external

Introduction

A head bandage is invariably used following otoplasty. It is applied for protection and to prevent haematoma of the auricle and is usually left in position for seven to 15 days (Mustarde, 1963; Stenstromm, 1963; Stark, 1980).

One of the most common problems experienced by the patient which causes them to return to the department before their first follow-up appointment is that their bandage can become loose, often falling forward over their eyes (Figure 1). Although displacement of the bandage is very common, there is very little or no mention of the problem, as a complication, in the literature (Goode, 1970; Stark, 1980; Rhys Evans *et al.*, 1993).

The 'classical' bandage consists of a cotton wool pad which is placed over a dry dressing securing each auricle in position along with several layers of crepe bandage around the head. Adhesive tape with some inherent elasticity is often placed over the crepe bandage in order to apply further compression to the auricle as well as providing compression across the convexity of the head. Some surgeons advocate using ¼ inch ribbon gauze placed either side of the forehead in order to prevent the bandage slipping down over the eyes (Stark, 1980) but pressure on these can sometimes produce a pressure sore and persistent scarring (Rhys Evans, 1993).

An alternative is the preformed 'velcro' head bandage. However, these bandages are expensive and patients often complain that they are very hot.

We present a simple and effective technique which uses a crepe bandage but which prevents the bandage from slipping down.

Technique

Our technique is to apply a strip of the crepe bandage over the vertex of the head underneath the 'classical' bandage (Stenstromm, 1963). The ends of this bandage are then folded over the 'classical' bandage and secured with adhesive tape (Figure 2a, b and c).

If the bandage loses its elasticity it can be tightened by

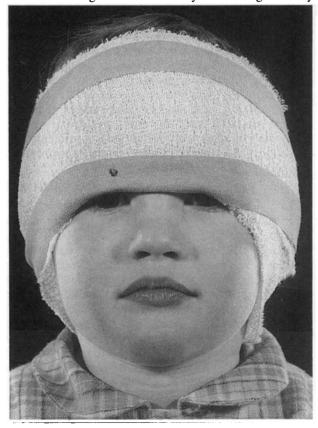
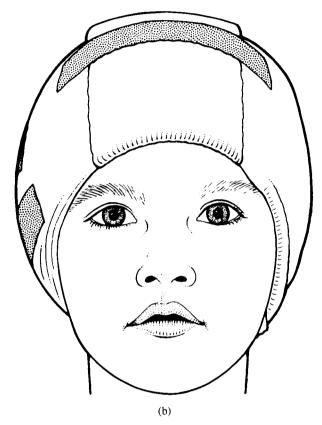


Fig. 1 Loose head bandage falling forward over eyes.

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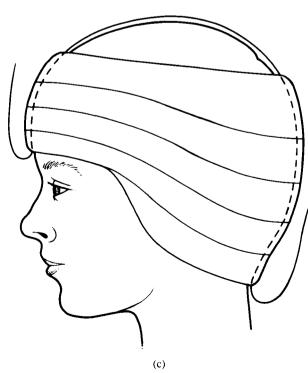


Fig. 2 (a) Showing strip of crepe bandage beneath the 'classical' bandage secured with adhesive tape; (b) drawing of (a); (c) side view showing positioning of the crepe bandage over the vertex of the head.

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simply pulling the strip going over the vertex and bunching it up with a safety pin or tape. This allows the bandage to be adjusted without having to replace it.

Conclusion

We have found this technique of applying a head bandage, to be simple. It does not require any additional materials, it does not damage the skin of the forehead and it is certainly very effective in preventing the bandage from becoming dislodged and consequently it causes less inconvenience to the patient and his/her family.

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