



CALIFORNIA EAR INSTITUTE

Palo Alto

Dear Colleague,

It has been my privilege to perform over 2,500 atresia repair canalplasty surgeries at our International Center for Atresia & Microtia Repair. While many of our patient live a distance from our center, appropriate post-operative and long term care is very important to the overall outcome of the surgery and I appreciate your willingness to participate as a valuable member in our mutual patient's care team. We hope to communicate our usual postoperative protocol as you kindly consider providing these services, as well as serve as a continued resource for you and to the patient any time questions arise.

Upon returning home, we ask all patients to regularly visit their local ENT for otomicroscopic cleaning and monitoring of the canal. The patient will have worn a silicon mold at night for the first four months following surgery to help maintain the canal size and prevent stenosis. The skin graft lining the atresia repaired canal is a split-thickness skin graft taken from the scalp. This skin is not self-cleaning unlike native canal skin and will require routine otomicroscopic removal of the epithelial debris throughout life.

While each patient is different, we typically recommend 3-4 follow up visits for cleaning within the first year following surgery when debris production is at its peak, extending visits out to 1-2x per year thereafter or according to the individual patient's needs. There may be times when production of epithelial debris and need for cleaning is increased, including puberty. If debris remains in the canal for extended periods of time, it will serve as a risk for infection.

I recommend the initial postoperative hearing test be conducted with the patient's local audiologist 3-4 months after surgery and results sent to CEI for review. If the patient's hearing has not come up to the desired levels, we will continue to monitor within the first year and then proceed based on anatomical findings and current hearing level.

Some have asked for references to our work. Recent peer reviewed publications detail this protocol (Otolaryngology & Neurotology 30:771-776, 2009). We have referenced publications that detail the value of early hearing restoration and intervention for speech, language and cognitive development and posted these for patients on our website (<http://www.californiaearinstitute.com/ear-disorders-single-sided-hearing-loss-children-ear-institute.php>).

The patients are educated on specific changes that we would like to be made aware of (canal stenosis, drainage, etc.) but also rely a great deal on your expert medical opinion and observations. Your assistance in this process is greatly appreciated. I am happy to answer any questions and can be reached at atresiarepair@calear.com or through my Physician Assistant, Kinsey McCartney, at (650) 494-1000.

With Kind Regards and Thanks,

Dr. Joseph Roberson
CEO, CEI Medical Group
Director, International Center for Atresia and Microtia Repair

