



# CALIFORNIA EAR INSTITUTE

Palo Alto

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Dear Colleague

I, along with pediatric plastic surgeon, Dr. John Reinsich, have been performing Combined Atresia Microtia (CAM) reconstruction surgery for patients who live at a distance from our center. Patients have asked I provide a letter detailing the postoperative care we recommend by their local ENT specialist. Thank you in advance for helping us in the care of our mutual patient. We hope to communicate our usual postoperative protocol and timing as you kindly consider providing these services in your office upon the patient's return home.

Patients stay in California approximately 4 weeks following the operation but will need continued close follow up care, as well as maintenance of the ear throughout life.

During initial recovery in California, we will have seen the patient on a weekly basis to closely monitor the healing process following surgery. After 4 weeks, we clear our patients to return home. At this point, the patient will continue to have water restrictions for the canal, will be using antibiotic eardrops QHS and will use a silicon (Azoft) mold at night that will encompass the Medpor outer ear and newly made canal.

Below lists the follow up care that we ask for your assistance in providing:

1. 2-3 months after surgery (1-2 months after returning home) we ask patients to visit your clinic for otomicroscopic cleaning and a check to ensure the mold is not causing any skin irritation. If the skin graft lining the canal and TM appear fully epithelialized and healed, the patient can be cleared for water exposure. This is on average 8 weeks following surgery. Drops to be used QHS before mold placement unless directed otherwise.
2. We ask patients to wear a mold for 4 months following their last post op visit. At times we make this mold for the patient before returning home but also send Azoft materials home with the patient based on our observations at our final visit. Please contact us at the email below if videos or directions are desired.
3. The skin graft that lines the canal is not self-cleaning and routine maintenance will be required to prevent debris accumulation and consequent hearing loss in the ear and/or otitis externa due to fungal or bacterial infection. We recommend regular cleanings under microdissection. Patient needs vary, and we vary the cleaning based on the amount of debris seen at each visit. Usually, 3-4 visits are required in the first year and 1-2 visits per year thereafter.
4. We recommend hearing testing 4 months after surgery. The audiogram results can be sent via email to [atresiarepair@calear.com](mailto:atresiarepair@calear.com)

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Some have asked for references to our work. Recent peer reviewed publications detail this protocol (Otolology & 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-singled-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](mailto:atresiarepair@calear.com) or at the number below.

With Kind Regards and Thanks,



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

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**Patient:** Amir M. Nizamov  
**Provider:** Dr. Joseph Roberson, Jr

**DOB:** 05/15/2014  
**Visit:** 06/26/2018 10:30AM

**Sex:** M  
**Chart:** NIAM000001

**Chief Complaint:** PRE-OP

**Subjective:**

4yo M from Russia with AU AM presents for preop right CAM surgery with Dr. Reinisch  
CT reviewed, right score of 8 and left score of 7  
Patient has worn sophono alpha intermittently starting at 15mo, did not tolerate well  
Mentioned possibility of re-CT for left ear, "probably canal candidate, may need OCR"  
Have previously met with family at conference in Moscow  
Patient's 2nd CAM is scheduled for December 4  
Patient reportedly struggles to pronounce lots of sounds with use of bone conduction device

**Objective:**

GENERAL: AAOx3, NAD, normal level of consciousness  
Bilateral AM  
CNVII intact  
Grade 3 microtia bilaterally, right ear development > left ear development  
Face symmetric  
Patient wearing Sophono Alpha today  
Patient is 14.5kg

**Assessment:**

R/B/C/A discussed  
Steps of surgery outlined  
Began discussing post op care and bandaging, along with activity restrictions  
Questions answered in full

Type	Code	Description
ICD-10-CM Condition	Q16.1	Congenital absence, atresia and stricture of auditory canal (external)
ICD-10-CM Condition	Q17.2	Microtia

**Plan:**

NPO after midnight  
Okay to proceed with right CAM surgery tomorrow  
Patient prefers symmetric shave of hair

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Type	Code	Modifiers	Quantity	Description
CPT	99023		1.00 UN	



**Patient:** Amir M. Nizamov  
**Provider:** Dr. Joseph Roberson, Jr

**DOB:** 05/15/2014  
**Visit:** 07/19/2018 2:30PM

**Sex:** M  
**Chart:** NIAM000001

**Plan:**

Water & activity precautions  
Drops BID to canal  
RTC 1 week for mold

Type	Code	Modifiers	Quantity	Description
CPT	99024		1.00 UN	POSTOP FOLLOW-UP VISIT

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