1. Outline and incise hematoma
   Remove small section of skin
   Scraper between separated layers

2. Secure pad to each side of ear with towel clamps
   Do not cut opening in pad over incision

3. Pass needle through pads & ear from medial to lateral
4. Pass clip tip into needle and through the ear and pads
5. Slide 1st lock ring down clip flat side down.
6. Slide a 2nd lock ring down tight against the first
   Do not slide all the way down.
   Allow 1.5mm (1 pad thickness) between lock ring and pad to allow for swelling
   Place clips no closer than every other fenestration
   Applying too tight will cause pressure necrosis

7. Cut Clips leaving 1/4 inch past second lock ring

8. Suture silicone button to head on side of midline opposite affected ear
   * As an alternative the pads can be sutured directly to the head

9. Secure to button & add 2 clips & double lock rings for security

10. Completed repair
    * Bandage is not necessary but
    Consider e-collar to protect repair

Post-Op:
Apply antibiotic/steroid ointment through fenestrations in both pads every 3 days
Inspect and clean under pads & clips with peroxide soaked swabs weekly or sooner if indicated
Pads may be left up to 3 weeks if no signs of pressure lesions
Remove by clipping head off of clip on external surface of ear

Important:
Leave 1 pad width between button & pad. Do not apply clips closer than every other fenestration
Ear infections should be treated with systemic antibiotics to prevent infection of the surgical site
Failure to monitor beneath pads, or overtightening of the clips may result in pressure necrosis

Pad attached to head by button and 2 clips with double lock rings

One week post surgery
Pads removed 2-3 weeks post surgery • Apply ear ointment to site to eliminate irritation