

SETTING BACK OF PROMINENT EARS (PINNAPLASTY OR OTOPLASTY)

This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many of the common questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon

What is the problem?

Approximately 1% of the population in the United Kingdom consider their ears to be too prominent. In many cases a family trend can be seen. Most prominent ears lack a normal fold of cartilage, and sometimes one ear is more prominent than the other. Children with prominent ears are sometimes teased at school.

What can be done?

Ear surgery is usually carried out to set prominent ears back closer to the head. The surgery adjusts the shape of the cartilage within the ear to create the missing folds.

What are the limitations?

The operation is usually carried out on children between the ages of five and 15. When children are less than five years old the cartilage tends to be very floppy and does not hold stitches well. Older children are also generally more co-operative when they fully understand what the surgery involves.

What does the surgery involve?

Ear surgery usually takes about two hours although complicated procedures may take longer. A small incision is made in the back of the ear to expose the ear cartilage. The cartilage is then sculpted and bent back towards the head. Permanent stitches may be used to help maintain the new shape of the cartilage. The surgery leaves a faint scar in the back of the ear that fades with time.

How will the surgery be carried out?

In children surgery is usually carried out under general anaesthesia (ie you are put to sleep completely). For older children or adults it may be possible to carry out the surgery

under local anaesthesia (ie injections in and around the ear) often in combination with intravenous sedation (a sedative injected through a vein).

What can I expect immediately after the operation?

Children are usually up and around within a few hours of surgery although they often stay in hospital overnight until all the effects of the general anaesthetic wear off. The ears are wrapped in a large bandage after the operation to help the moulding and healing. The ears may ache for a few days but this can be relieved with simple painkillers (eg Paracetamol, Ibuprofen). The bandages are removed after around 10 days. Any necessary stitches are also removed at this time. A lighter head dressing similar to a headband is often suggested, particularly at night, for several further weeks. Any activity in which the ear might be bent should be avoided for a month or so.

Do I need to take any time off work or school?

Most children can go back to school after a week but they still need to be careful about playground activity. If you are older and work you will also need a week or so off during which time you should avoid strenuous exercise. It is important to remember that you will not be able to drive or operate machinery for 48 hours after a general anaesthetic and 24 hours after intravenous sedation.

What are the potential complications?

- Most patients are very happy with the results of their surgery but keep in mind that the goal is improvement, not perfection. Do not expect both ears to match perfectly – perfect symmetry is both unlikely and unnatural in ears.
- The scar behind the ear usually fades well but on rare occasions it can become red and lumpy.
- Infection is uncommon but if it does occur it usually settles down with antibiotics.
- Bleeding can occur but is usually minor because of the head dressing that is used .
- The ears usually feel numb or tingly for several weeks after surgery.
- There is a small risk that further adjustment surgery may be required.