

Prominent ears (Otoplasty)

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Ears that protrude excessively can be pinned back with a simple surgical procedure.

This leaflet is about you or your child's operation. Please read as it will help to give you an idea of what to expect during your hospital stay and afterwards. It also identifies some of the possible complications, although obviously this is not a comprehensive list. If you have any questions please ask.

Prominent ear correction (otoplasty)

You are being admitted for a **prominent ear correction** operation. In this operation the ear cartilage is folded back to allow the ear to sit in a less prominent position. To gain access to the ear cartilage an incision is made behind the ear.

The operation is usually performed after the age of 5 or 6 when the child may become embarrassed or withdrawn because of perceived difference from his/her classmates. The operation is performed under local **anaesthetic** in adults and general anaesthetic in children. For general anaesthetic the anaesthetist will see you and your child before the operation. Discuss any queries you have about the anaesthetic with the anaesthetist. If your child has had any difficulties during a general anaesthetic in the past make sure that both the anaesthetist and the ward doctor know about it.

There will be a **scar** behind the ear almost the full length of the ear. This may be visible from behind. Scars start off red and noticeable. With time they tend to fade. They will never vanish and in some people remain noticeable.

After the operation the ears are dressed in a large protective head **bandage**. This stays on for a week and is then removed in the clinic. After it is removed the ears remain tender for a week or two and contact sports or situations where they may be bumped should be avoided. Some people feel comfortable with a soft head band over the ears to sleep for a while, usually about three weeks.

Initially the ears are **bruised** and **swollen**. It takes about three weeks for the bruising to settle. The swelling will not be completely gone for three months or more.

Any operation can give problems with **infection** or **bleeding**. Simple infections settle on a course of antibiotics. Some infections require treatment in theatre. Bleeding is not unusual after this operation. Most often padding the head bandage or redoing the head bandage is all that is required. Occasionally a blood clot forms under the skin. This has to be drained and may need to be dealt with in theatre. Severe infections or blood clot against the ear cartilage can permanently damage ear cartilage leaving an ear deformity. This condition is rare.

It is possible for the springiness of the ear cartilage to cause the ear prominence to **recur**. If this happens a second operation may be necessary to correct the prominent ear satisfactorily.