



OTOPLASTY On Correcting Protruding Ears

Notes for Guidance

The most common of all operations on the ear is to 'pin back' protruding ears. The surgical name for this operation is Otoplasty. The operation can be usually performed quite effectively as early as the fifth year as by that time the ear itself has already reached almost adult size so there would be little if any subsequent change. There needs to be a careful evaluation of the ears.

Disparity in size as well as shape needs to be addressed. Contour distortions or asymmetric (not matching) corrections may be handled at the initial surgery or require a second procedure. Sometimes surgeon and patient can foresee the need for a second procedure prior to the first surgery but often it's the new refined ear and its placement that need to be addressed. The new positioning changes what was not obvious before. Disproportion's may not be so clear until after the first surgery's results can be viewed. A cupped ear when flattened may now need trimming.

The operation involves the repositioning or otherwise altering of the flexible cartilage structures of the ear. There are many variations of this problem and each must be treated in a different manner. Very simply, the surgical objectives are to reduce the protrusion and at the same time to provide a normal outline when the ear is viewed from the side. Surgical incisions are usually hidden behind the ear, where any remaining surface scars will not be visible. Occasionally external incisions are required, and these can be placed inconspicuously within the normal contours.

Otoplasty is normally regarded as a 'day case' operation carried out under general or twilight anaesthetic. Post operatively a dressing is worn usually for seven days. After this time any remaining swelling gradually disappears. When the dressing is removed the ears will be in their new position. It is most important to follow the surgeon's instructions on post operative care.

The resulting hazards or risks in this operation are few. As the skin has been lifted during the operation some collection of fluid or blood (haematoma) may occur. This is indicated by immediate pain from the pressure of the leaking blood. The wound would be opened and evacuated; bleeding points identified and stopped. This is guarded against by the special padded dressing that is applied following the operation. This dressing may not be disturbed in any way, until removed by the Surgeon at seven days.

Hypertrophic scars are frequently seen in the line of the skin incision. They would tend to be more apparent in deeply pigmented patients. They usually resolve with conservative treatment but in some case steroid treatment may be employed. Minor adjustments in ear lobes may be considered and desirable afterwards. Probably the most common concern is some remaining irregularity in the cartilage when the ear is viewed from either the front or the side. It should be noted however that both ears are



never exactly alike, even in the normal state, and that perfect symmetry is therefore not a reasonable expectation. In cases where significant differences occur, however, secondary treatment may be performed.

The operation has no adverse effects upon the hearing mechanism, as it does not actually involve the inner ear structures of the organ itself. Finally, the otoplastic operation is generally most successful and most rewarding for the patient in terms of improved personal appearance, confidence and self esteem.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.