

Otoplasty

Correction of prominent ears (also known as otoplasty/pinnaplasty) is used to adjust the position of ears that are considered to protrude excessively, compared to that of a more 'normal' position. The operation involves the removal of small amounts of skin from behind the ear, and the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position ("pinning back the ears").

What does the operation involve?

Before the operation:

Arrange for a couple of weeks off work.

Check that you have a friend or relative who can take you home after the operation.

You must not drive for at least 24 hours after a general anaesthetic.

Make sure that you have a supply of simple painkillers at home.

The day of the operation:

Admission is almost always on the day of surgery. The nurses will complete some routine paperwork and tests. You will be asked to change into a gown ready for theatre. The anaesthetist will come to see you and discuss the anaesthetic side of things. A member of the ENT team will also see you before your operation.

The anaesthetic:

In children, the operation is performed under general anaesthetic. In adults, it may be possible to perform the operation under local anaesthetic.

The operation itself:

The operation on both ears is performed with you asleep under the anaesthetic and takes about one hour. The operation involves the removal of small amounts of skin from behind the ear, and the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position. Finally, stitches are used to close the incisions (wounds) in the skin. The operation produces a curved-vertical scar behind the ear. The scar usually heals well and becomes inconspicuous after several months; however, in some people, it can become thickened and more prominent than usual. At the end of the operation, a pressure bandage is applied to the head to maintain the position of the ears whilst they heal – this bandage is left on for 7-10 days.

After the operation:

After a short time in the recovery area, you will be taken back to the ward. You will be encouraged to drink and then eat as soon as the anaesthetic has worn off. You will be given painkillers as required.

Your discharge from hospital:

If the operation has been planned as a day case, you will be able to go home once you have recovered from the anaesthetic. You will need to arrange for a responsible adult to pick you up to take you home and stay with you for 24 hours after discharge (following a general anaesthetic). Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days.

For all enquires:

P: 0407 924 224

F: 03 8677 2872

Email: info@drtimprice.com.au

Visit: <https://drtimprice.com.au/>

What should I do when I leave the hospital?

Activity:

Following a general anaesthetic, you may find that you need more rest than before for a day or two. This is normal. Please do not stick your fingers, pencils, glasses or anything else up inside your bandage. You could do a lot of damage to your operation site and may cause an infection. Take things easy for a few days. You should sleep sitting upright for the first few days. This will help to reduce the swelling that naturally occurs around any operation site. Do not lie on either affected ear. Please be careful when crossing the road or when in traffic as your hearing will be temporarily impaired due to your head bandage.

If you experience increasing amounts of pain post-operatively despite taking analgesia please contact your surgeon urgently for a review as you may have developed a hematoma or infection. Your ears should be fully healed in two months. Until then try to avoid contact sports, such as rugby, or any rough activities which may increase the risk of your ears being damaged. If your stitch lines are healed you may swim after two weeks.

Driving:

You should not drive for at least 24 hours following your operation. You can then drive when you are able to perform an emergency stop safely.

Wound care:

The bandage must not be removed until you are seen in the out-patients clinic (usually 7-10 days' time). At the out-patient appointment, the bandage will be removed. You will be given another crepe bandage (or instructed to use a tennis sweatband) that you will need to put on every night for the following 6 weeks. This is to prevent the ears from being bent forwards whilst asleep. Avoid wearing earrings for several weeks after the surgery, until all swelling has resolved.

Work:

We would recommend at least 2 weeks off work following the operation.

Are there any risks involved in this operation?

Although modern surgery and anaesthetics are considered to be safe, all medical procedures carry some risks. The surgeon will discuss all these risks with you.

Risks associated with the operation are:

- Scars: Occasionally the scars behind your ears become slightly thickened (hypertrophic) but it is rare that they become very prominent (raised) and unsightly (keloid scar). There is no way of predicting this response because the way skin heals varies from person to person. Prominent scars can be treated, but often they are easily covered by the hair and being behind the ears makes them relatively inconspicuous. Keloid scars may need injections of a steroid or further surgery.
- Shape: Most ears are not perfectly identical. Perfect symmetry between your ears cannot be guaranteed after the operation, although conspicuous differences are uncommon. In some cases, the shape of the ear is not satisfactory after the operation, and further surgery may be required to correct this.
- Sensation: there may be some loss of sensation of the ear but this is usually temporary. Some patients experience a low-grade sensitivity of the ears postoperatively. This usually settles with time.
- Haematoma (bleeding and bruising): Occasionally some blood from the wound comes through the dressings after the operation. This, especially if it is associated with severe pain, may mean there is persistent bleeding from the wound. If this happens you should contact the ward, because it may require a small additional operation to clear out any blood clots and control the source of the bleeding. If left untreated, a haematoma may result in the death of cartilage and overlying skin, leading to severe deformity of the ear.

- **Wound Breakdown:** Rarely the skin over the front of the ear may die and an ulcer may result. This will require dressings for several weeks until the ulcer heals. Healing is usually satisfactory but there may be increased scarring. Very occasionally the wound(s) behind the ears start to open up after the stitches are removed. If this happens, you will need to have further dressings put on by the ward staff until the wound(s) heal on their own. Depending on the size of the gap, this can take a few weeks. Most patients consider this just to be a nuisance and it rarely spoils the final result.

- **Stitches:** Sometimes non-absorbable stitches are used for the back of the ear(s), to help maintain the correct shape. These do not need to be removed unless they start to move up to the skin surface where they can cause irritation. If these types of sutures come out too early the ear shape may not be ideal and further surgery may be indicated.

- **Infection** is a possibility, as in all surgical procedures. Several days after the operation the wound may begin to be inflamed and tender. A course of antibiotics would be required to prevent permanent deformity of the ear.

Risks associated with a general anaesthetic are rare and include:

- Infection can occur, requiring antibiotics and further treatment.

- Bleeding can occur and may require a return to theatre. Bleeding is more common if you are on blood-thinning drugs.

- Chest infection. Small areas of the lung can collapse, increasing the risks of chest infections. This may need antibiotics and physiotherapy.

- Blood clots in the legs (DVT) can cause pain and swelling of the legs. Rarely pieces of the clot can break off and can travel to the lungs (pulmonary embolism). This is a particular problem in obese patients. Patients may wear tight stockings and are advised to keep moving their legs to help the circulation. Blood-thinning injections are often given to prevent this.

- Heart attack or stroke could occur due to the strain on the heart.

- Increased risk in obese patients of wound infection, chest infection, heart and lung complications and thrombosis (DVT).

- Death as a result of a general anaesthetic/ this procedure is possible.

Are there any alternatives to this operation?

In adults and children, pinnaplasty is the only way to permanently “pin back” the ears. In babies younger than about six months, it is possible to flatten the ears using special moulds, eg Ear Buddies to reshape the cartilage while it is still soft. Splints are fitted into the baby’s ears, and left in place for weeks or months, depending on the age of the baby.

If you would like a second opinion about the proposed surgery please ask your G.P or Surgeon to arrange this.

Are there any risks of not having this operation?

No. An Otoplasty is an elective procedure and is a matter of individual choice.

Where can I find out more about the operation?

Royal Australian College of Surgeons

<http://www.surgeons.org>

Australasian Society of Otolaryngology and Head & Neck Surgery (ASOHNS)

<http://www.asohns.org.au>

Alternatively, visit the following websites:

ENT UK have a patient information leaflets:

https://entuk.org/docs/patient_info_leaflets or just Google 'Mastoidectomy information leaflet 'and many ENT departments around the country have produced their own patient information leaflets.

If you have any questions about general anaesthetics, the Royal College of Anaesthetists website has a lot of information: <http://www.rcoa.ac.uk/patientinfo>