

Prominent Ear Correction (Advice sheet)

Surgical management

Surgical correction of prominent, or “bat ears”, is called Otoplasty. It involves changing the shape of the ear so that it sits closer to the head.

Normal ears sit out by about 1 cm from the side of the head. To fix the ears back a number of different operations can be used to reshape the cartilage of the ear so that the ears appear normal and sit closer to the head.

Prominent ears or “bat ears” can cause embarrassment and teasing especially when children reach school age. The effect of this on self-esteem can be life-long.

Pinnaplasty or otoplasty can be carried out in the child from about 5 years of age - there is a balance to strike between doing it before the child goes to school (with possible teasing or bullying) and allowing enough time to see if the child perceives it as a problem - the latter is more likely to be co-operative with surgery and to be happier with results.

Commonly otoplasty is performed when 85% of ear growth is complete (age 5 to 6). Later in life otoplasty can be performed at any age.

As an adult with protruding ears you may consider otoplasty if you have been self-conscious about your appearance or have covered them with hairstyles.

Prominent ears are frequently asymmetrical with regards to size, position and degree of protrusion. Any mild asymmetry between the two ears post-operatively usually reflects pre-operative asymmetry.

Otoplasty may involve operating on one or both ears with correction to specific areas such as the upper or lower ear (lobe) or the entire ear.

The procedure:

Otoplasty is normally carried out under general anesthesia as day surgery. The procedure usually takes about one hour and half.

The operation is usually performed through an incision behind the ear, although other incisions may be used depending on individual surgical requirements.

Cartilage may be removed or re-shaped and the cartilage is then secured with stitches to its new position to bring the ear closer to the head. The incision is then closed with prolene (non-dissolving sutures).

Following surgery a bulky head bandage keeps things still and allows undisrupted healing. The bandage is worn for 14 days post operatively.

The bandage may cause some discomfort in hot weather and disruption to sleep if you are used to sleeping on the side. After removal of the head bandage a headband should be worn at night for further 2 weeks.

Post-operative pain should be minimal because of local anesthetic used during the procedure. Discomfort is to be expected but if discomfort increases to pain and persists then your surgeon should be notified.

When the bandages are removed the ears will be slightly red, swollen and tender. The ears will appear flattened and too close to the head. It takes a few weeks for the ears to slowly adjust to their final correct position. Tenderness can persist for up to 6 weeks after surgery.

After removal of bandage care should be taken with dressing, combing and brushing hair and sleeping.

Swimming should be avoided for at least two weeks (ideally wait 4-6 weeks). Contact sports should be avoided for eight weeks.

Patients can travel by plane at any time after the procedure.

Risks of Surgery: All surgeries are associated with some risk. It is important that you understand that there are risks involved with any surgery. Whilst the majority of individuals undergoing surgery do not experience any complications, a minority does and there cannot be any guarantees in surgery. With every type of surgery, the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

Risk to benefit:

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you. Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.

Impact of complications:

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

Risk related to general health:

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery. Age carries a greater risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, and heart and lung disease may also increase your surgical risk. Smoking greatly increases all risks and complications of surgery.

Specific Risks of Otoplasty:

Swelling and bruising:

Moderate swelling and bruising after otoplasty will make the ears appear puffy and purple in colour when the bandages are removed. This appearance resolves in a short period of time. Severe swelling and bruising may indicate a complication.

Discomfort and pain:

Mild to moderate discomfort or pain is normal after ear surgery. The rapid onset of persistent, unilateral pain may indicate a complication like a collection of blood (hematoma), infection or allergic reaction. If the bandages are in place removal will be necessary to determine the cause.

Nausea and loss of balance:

Nausea and loss of balance is a common, usually temporary phenomenon following otoplasty. It is related to swelling around the inner ear and the bandages around the head.

Bleeding and hematoma:

Persistent bleeding under the skin may result in a collection of blood (hematoma). A hematoma will cause sudden and persisting pain on one side or a blood stained discharge coming from under the bandages. Hematomas will cause skin necrosis (loss) due to pressure created on the skin. Bandages

will require removal and the collected blood will need evacuation in the operating room under anesthetic. Treatment with antibiotics will be necessary. A hematoma will delay healing, cause scarring and influence the final aesthetic outcome of otoplasty.

Infection and chondritis:

Infection occurring after otoplasty may present as onset of pain in one ear on the third and fourth post-operative day. Skin infection may result in chondritis (underlying cartilage infection). Chondritis may lead to the devitalisation of cartilage and secondary ear deformity. The resulting ear deformity may require further surgery. Treatment with oral antibiotics will be required.

A more severe infection with pus and surrounding skin redness will require aggressive treatment with intravenous antibiotics, surgery to release pus, washout under the skin and remove deep sutures and devitalized cartilage under an anesthetic.

Skin contour irregularities:

Contour irregularities and depressions may occur after otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur. Further surgery may be required to correct the irregularities.

Recurrence of protrusion:

The incidence of recurrence of protrusion is in the order of 3% and may relate to suture complications or infection. Further surgery may be required.

Asymmetry:

The human face is normally asymmetrical and normally ears differ in terms of shape, size, position and degree of protrusion. It follows then that after otoplasty the ears will not be perfectly matched.

Skin necrosis:

Necrosis is the formation of dead tissue around the wound or in the cartilage of the ear. Necrosis occurs as a result of reduced blood supply and is often related to infection. The skin loss will result in a scab or ulcer that will take several weeks to heal. Treatment with ointment and antibiotics may be required. Necrosis may prevent wound healing and may require surgical correction to remove the dead tissue to allow healing. If skin loss is extensive further surgery will be required.

Hypertrophic scars and keloids:

The scar following otoplasty is usually hidden in the groove between the ear and the side of the head. Keloid scar formation and hypertrophic scarring develop in about 2% of people who have otoplasty, especially young, darkly pigmented persons. Tight skin closure or infection may contribute to keloid scar formation. Additional treatments including serial steroid injection into the scar or scar revision surgery may be necessary to treat abnormal scarring.

Ear tenderness:

Tenderness of the ears is common after ear surgery and may last beyond 6 months from the time of surgery.

Suture granuloma and under the skin may occasionally extrude or form a granuloma (lump) before they dissolve. The offending suture is removed with no effect to the final result.

Numbness:

A temporary reduction in skin sensation of the ears is common after ear surgery. Return of sensation may take up to 18 months from the time of surgery.

Ear trauma:

Physical injury after otoplasty can disrupt the results of surgery. Care must be given to protect the ears from injury during the healing process and nighttime bandaging of the ears is recommended for a period after the initial bandages are removed. Additional surgery may be necessary to correct damage.

Persistent pain:

Very infrequently, chronic pain may occur from nerves trapped in scar tissue after an otoplasty.

The undesirable result:

The ear following otoplasty may have minor under corrections to the upper and lower parts causing a telephone deformity. Other minor under corrections can result in residual protrusion of the lobe or the top of the ear. Minor over corrections to the upper and lower poles can result in a reverse telephone deformity. Other unfavorable results may relate to a complication like infection or early trauma. You may be disappointed with the results of surgery and infrequently it is necessary to perform additional surgery to improve your results.

TWO WEEKS BEFORE SURGERY:

- Laboratory tests and EKG (if they are required) must be done
- ***SURGERY WILL NEED TO BE RESCHEDULED IF THERE IS ANY CHANCE YOU ARE PREGNANT.***
- If you are planning to have a haircut before surgery, please do so two weeks before surgery.
- Do not take any products containing aspirin, ibuprofen (e.g. Advil, Motrin), or Vitamin E. Check with your pharmacist when taking any over the counter medications. Many pain relievers; cold and sinus medications contain aspirin or ibuprofen.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or "the patch." Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk for complications when receiving anesthesia.
- Start taking 1000 mg of Vitamin C three times per day. This helps with the healing process.

ONE WEEK BEFORE SURGERY:

- Do not drink alcohol for 1 week before and after surgery.

DAY BEFORE SURGERY:

- We will email a gentle reminder a day before the surgery, as well as you will receive a call to inform you of your arrival time for surgery.
- ***DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (THIS INCLUDES WATER, CANDY AND GUM CHEWING).*** Surgery may be cancelled if this is not followed. A fasting state is

required in order to receive sedation/anesthesia for surgery. The only exception is medication, which we will instruct you to take with a sip of water the morning of surgery if needed.

DAY OF SURGERY:

- Go to room 106 (Belhoul European Hospital).
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish.
- Avoid clothing that must be pulled up over the head.
- Do not wear jewelry of any sort or bring valuables to surgery.

POST-OPERATIVE INSTRUCTIONS OTOPLASTY

These instructions should be carefully read and followed. They are designed to answer the most commonly asked questions regarding post-operative care.

ACTIVITY:

- Limit your activity sharply over the first week following surgery.
- You are encouraged to walk about the house, but avoid bending over at the waist, picking up heavy objects or straining of any kind.
- When you rest or sleep, keep your head elevated 2-3 pillows and avoid turning of your side. If you overexert yourself, bleeding or prolonged swelling may result.
- Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better. Anger, crying or other emotional outbursts will only add to the swelling or increase the likelihood of bleeding.
- Avoid bending, lifting, pulling, pushing, straining and aerobic activities for 3 weeks.
- You may return to regular exercise 3 weeks after surgery. Moderately strenuous exercise or contact sports should be avoided for at least 6-8 weeks.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from develop in the legs.
- Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- Take deep breaths often when you get home for the first 24 hours after surgery. This helps to expand the base of your lungs.

ORAL INTAKE:

- Alcohol consumption should also be limited as this may raise the blood pressure and initiate bleeding. Do not drink alcohol during the first week.
- Drink plenty of fluids following surgery, as dehydration can contribute to nausea.
- Avoid foods that require much chewing, such as steak. Soft foods may be easier to eat.
- Small amounts of food 20 minutes before taking postoperative medications (especially pain medications and/or antibiotics) can prevent nausea.
- If you vomit or feel nauseated, you should delay food and pain medications until the nausea passes.
- Take only 2-3 ounces of clear liquids at hourly intervals until the nausea subsides. If this symptom persists, call for anti-nausea medications, as subsequent vomiting may be harmful and lead to complications.

BATHING:

- Please refrain from showering for the first 13 days after surgery. You will be allowed to take a shower on the morning of postoperative day 14 prior to your follow-up and removal of stitches appointment.
- In the meantime you can bathe, but do not submerge your head in the water.

PAIN, SWELLING, BRUISING, INFECTION:

- You will experience some discomfort after your otoplasty procedure. Please take your pain medication as needed. If the prescribed medication does not control the pain, please contact our office.
- Some swelling and bruising of the ears is to be expected. Bruising can be minimized with Arnica tablets 30 Ch 3 pills 3 x a day 30 minutes on or before meal.
- Swelling and bruising is maximal at 48 hours after surgery and gradually subsides over the following 10 to 14 days.
- Your final results will occur between 6-12 months. There may be some asymmetry of the ears initially due to swelling on one side more than the other.
- Infection is unusual. Fever, localized swelling with redness and tenderness may signify a developing infection and should be reported. Appropriate treatment will be initiated.

OTHER COMMON INSTRUCTIONS AFTER SURGERY

- A responsible adult must provide transportation for you after surgery (public transportation is not permissible) and remain with you until the morning following the procedure. If you are having several procedures, you may need or prefer assistance for 1-2 days following your procedure.
- You will need to arrange transportation for your appointment at our office 4 days following surgery. Do not drive for 24 hours after surgery or anytime that you are taking pain medications.
- Smoking should be strictly avoided as it interferes with the blood supply to the healing tissues and slows subsequent healing.
- Take all medications as instructed postoperatively.
- Avoid excess sunlight to the ears for at least a year. Even mild sunburn may cause prolonged swelling or irritation of the healing incisions. Use sunscreen with zinc oxide and SPF 20 or greater to help decrease the visibility of the scar.
- Do not compare your progress with that of other patients. Remember that everyone's healing process is unique. Also, if you have any questions or concerns, call on us. Your family and friends may mean well, but you can receive wrong information.

INCISIONAL CARE:

- Keep your dressings dry. We will remove your dressing on the fourth day after surgery.
- You will be on a head bandage for 14 days. This helps to hold the ears in good position and protect them.
- Incisions are behind the ear.
- **CALL THE OFFICE (04-3469888) IF YOU DEVELOP ANY OF THE FOLLOWING:**
 - Fever of 101 degrees F or greater.
 - Pain not relieved with pain medication.
 - Swelling, redness, bleeding, and/or foul drainage from incision area.
 - Persistent nausea and/or vomiting.
 - Any other concerns.