



KATARZYNA MACKENZIE

PLASTIC SURGEON

Prominent Ear Surgery (Otoplasty)

Cosmetic surgery of the ear, or otoplasty, is an aesthetic procedure that alters the size, position, or proportion of the ears. The outcome of ear reshaping surgery varies greatly depending on the changes that are desired, but these procedures generally improve self-confidence, especially in children and teenagers.

Surgery to correct prominent ears is one of the most common and satisfying forms of aesthetic surgery. The results are usually excellent and lasting, giving patients a natural appearance and increased confidence.

Length of surgery	1-2 hours
Anaesthesia	Local anaesthetic, general anaesthetic or local anaesthetic with sedation
Hospital stay	Day case
Risks/complications of surgery	Frequent: Bruising, swelling Infrequent: Infection, unsightly scarring, asymmetry, bleeding (haematoma), numbness, nerve injury, incomplete improvement
Recovery	5 – 7 days until socialising with close friends and family 1-2 weeks until return to work and normal social engagements 3-4 weeks until bruising and swelling disappeared 4-6 weeks until return to gym and other strenuous activities 12 weeks wearing supportive head band at night 12 weeks until final result
Sleeping position	Sleep on your back if possible with 3-4 pillows for first 7-10 nights
Duration of results	Permanent

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Introduction

Most people's ears lie at an angle of 15 degrees from the head. In some cases, though, the ears stand out at a greater angle and appear more prominent than they should.

Children with prominent ears frequently get teased by their peers, beginning as early as 6 to 7 years of age. Some children are not concerned about their ears and tolerate teasing well, while others find the teasing distressing and become self-conscious. As an adult, you may try to cover them by wearing your hair long.

The ears attain 80% of their final size by the age of 5 or 6 and it is therefore safe to carry out the correction from that age onwards. This is equally a common operation requested by adults who did not have surgery during childhood.

The correction of prominent ear correction is one of the most common operations in cosmetic surgery. The results are usually excellent and the correction is permanent. This gives the ears a natural appearance and provides the individual with increased confidence.

Who is a good candidate for otoplasty

The following are some common reasons why you may want to consider ear surgery:

- If you were born with large ears
- If your ears are disproportionate to your head
- If your ears stick out prominently

Children who are good candidates for ear surgery are:

- Healthy, without a life-threatening illness or untreated chronic ear infections
- Generally, 5 years old, or when a child's ear cartilage is stable enough for correction
- Cooperative and follow instructions well
- Able to communicate their feelings and do not voice objections when surgery is discussed
- If your child is very anxious about the idea of surgery, it may be best to delay the surgery

Otoplasty consultation

During your consultation, Dr Mackenzie will ask:

- Why you want the procedure, your expectations and desired outcome
- Medical conditions, drug allergies and medical treatments

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- Use of current medications, vitamins, herbal supplements, alcohol, tobacco and drugs
- Any previous ear surgery you may have had

Dr Mackenzie will also:

- Evaluate your general health status and any pre-existing health conditions or risk factors
- Take photographs for your medical record
- Discuss your options and recommend a course of treatment
- Discuss likely outcomes of ear surgery and any risks or potential complications
- Point out the normal asymmetry of your ears, something you have probably never noticed. This asymmetry is caused by differences in the size and shape of your ears and in the shape of your skull where the ears sit. One of the goals of your surgery will be to improve this asymmetry, although it will never be perfect

What does the operation involve?

Correction of protruding ears uses surgical techniques to create or increase the antihelical fold (just inside the rim of the ear) and to reduce enlarged conchal cartilage (the largest and deepest concavity of the external ear). Reduction of the earlobe may be also performed.

This procedure will normally require a general anaesthetic, although it may be performed under local anaesthetic with sedation in some adults.

The operation is performed through an incision on the back of the ear, so no scars are visible, and the surgery is designed to produce a normal ear. The ridge within the cartilage responsible for folding the ear back is recreated and some internal sutures applied to maintain this new position. Once surgery is complete, the wound is closed with absorbable sutures which will not require removal.

After the surgery, a circular bandage is applied around the upper head, which is worn for 7 to 10 days to allow the cartilage to heal in the corrected position.

Recovering after otoplasty

Dressings will be applied after your prominent ear correction surgery and are left on for a week. You should keep the dressings dry and clean during this time. When your dressings are removed you may notice some bruising and swelling. This should settle rapidly within a week or two and the improvement in the prominence of your ears will become apparent.

A protective bandage or sweatband should be applied around the ears at night while sleeping for 3 months to minimise accidental damage to the ear cartilage and to prevent your ears from being pushed forward while they are still settling.

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Please avoid contact sport for 3 months. It is probably best to keep your child away from school for the first week or so.

As with any operation the ear will be tender if knocked, so you should avoid contact sports e.g. football, rugby for 3 months.

The affected area will be tender after the surgery, and discomfort will resolve gradually. However significant pain on one side of the head may indicate an infection or bleeding. If you suspect an infection or bleeding, please get in touch with me right away to get your wounds reviewed.

Post-operative swelling and slight tenderness may take 3 months or more to set.

It is normal to feel moderate discomfort following your surgery. This may be controlled by mild analgesics such as Paracetamol. It is important to avoid aspirin during this time.

Numbness is fairly common, but your ears will eventually return to normal.

Mild infection around the stitch line is possible but this is usually resolved quite quickly.

What are the risks of ear surgery?

The decision to have plastic surgery is very personal and you will have to weigh the potential benefits in achieving your goals with the risks and potential complications of ear surgery. Only you can make that decision for yourself.

Possible ear surgery risks include:

- Excessive bleeding (hematoma)- that may need review or a return to theatre. About 1% of patients experience post-surgical haematoma
- Asymmetry-complete symmetry is not possible
- Infection- a part of the ear may become infected, including chondritis (infection of the cartilage and loss of the cartilage). Chondritis occurs in about 1% of cases
- Poor wound healing and skin necrosis which is usually managed with regular dressings
- Change in skin sensation
- Skin contour irregularities and discoloration
- Suture granuloma
- Unfavourable scarring including hypertrophic scarring or keloid scarring
- Allergies to tape, suture materials, glues, topical preparations or injected agents
- Pain, which may persist

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- Independent of the technique used by the surgeon the "memory" of the cartilage may cause the prominence to recur in a few patients (5-7%). If this happens the procedure can safely be performed again
- Anaesthesia risks