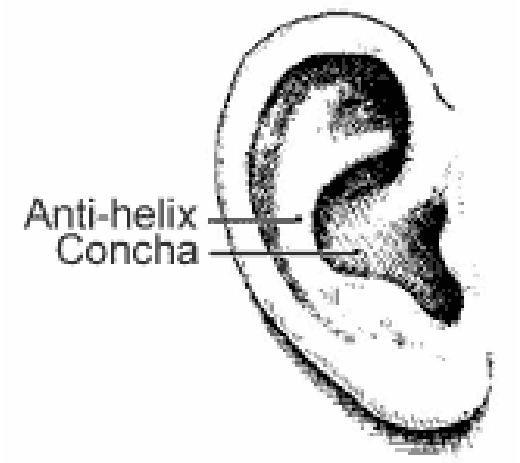
OTOPLASTY (Correction Prominent Ears): Patient Information

Prepared for the patients of: Mr M A Bisson, FRCS(Plast), Registered Specialist Plastic and Reconstructive Surgeon

Introduction:

Prominent ears are common within the general population and part of the normal spectrum of ear appearances. They are not associated with a functional or hearing problem. The most common anomaly is a lack of one of the folds in the ear cartilage, the antehelical fold (see diagram). Sometimes the conchal bowl of the ear is protuberant or overly large.



The prominent ear can be corrected surgically in children or adults by various means depending on the anatomical cause. In adults this can be done under local anaesthetic.

The Operation:

Most commonly the cartilage needs to be folded to recreate the absent antehelical fold. This is done through an incision in the groove behind the ear where it is hidden (often removing excess skin to stop it bunching and hold the ear back). The cartilage is split to access the front surface and allow scoring to soften the cartilage and aid the folding where required. This is then held with sutures behind the ear before the skin is sewn back together. If the conchal bowl is also prominent this can be set back towards the side of the head with additional sutures.

Rarely if the bowl itself is large part of this can be surgically removed to decrease its size.

After the surgery is completed dressing are applied to the wounds and a sturdy padded head bandage is fashioned. This stays in place for 7 days.

Complications – Risks:

As with all surgery there are risks although significant problems are uncommon. Bleeding or infection is possible at the surgical site and usually presents with increasing pain if collecting within the ear or causing excessive swelling. This can rarely require surgical washout.

The aim is to make both ears as identical as possible but asymmetries can occur. This is sometimes encountered if there is recurrence of the prominence with failure of the recreated fold to hold or sutures giving way. Under or overcorrection can occur.

Cartilage irregularities are uncommon but if they occur can require surgical correction to smooth them out. Scars are hidden behind the ear and usually settle well. A thickened overgrown scar called a keloid is a rare complication but can become bulky and is difficult to treat. If the thin skin breaks open or ulcerates additional unwanted scars can form.

After the Procedure:

When the bandages are removed the ear often appears bruised or swollen. This will settle. You may like to bring a scarf or hat for the journey home but your hair can be washed at once.
A head band should be worn at night for at least a month after the bandage is removed to prevent the ear being folded back whilst asleep.
Ear piercing should be avoided for 1 month post operatively

Exercise should be restricted for 10 days after the surgery but can then be gradually increased as comfort allows. Any activity or sport which risks injury to the ears should be avoided for at least 6 weeks.