

Procedures

Ear correction

What are the issues?

Prominent ears affect approximately 4% of the population. In Western society, many regard them as an embarrassing feature. In South East Asia they are regarded as lucky and are rarely corrected. Many parents considering surgery for their children bring them either due to teasing at school or because they fear that teasing or bullying may become an issue.

Often, adults naturally seek help for prominent ears although enquiries can be prompted by specific events, such as a change of job or social circumstances or the onset of thinning hair.

Other forms of misshapen ears are less common than prominent ears. However, individuals may be concerned by a whole variety of ear shapes such as 'lop' ears, 'pointed' ears, or ears with an extra fold. Many of these irregularities may be corrected using similar techniques as are used for prominent ears.

If you feel your ears are too large, they can simply be measured in length. Normal ear height ranges from 50mm to 75mm with the average being around 67mm. Excessively long ears can be reduced.

If your ear has become suddenly swollen after trauma, then you should attend the emergency department for treatment. Many rugby players and boxers commonly present to a surgeon with hard, thickened 'cauliflower ears'. This is the result of multiple episodes of trauma that have caused recurrent bleeding under the skin. As a result, the ear gradually becomes thicker and harder. While some sportsmen wear their thickened ears as a badge of honour, help in the form of surgery is available for those who desire refinement.

The most common type of ear trauma we see is split ear lobes. These are invariably due to prolonged wearing of long, heavy dangling earrings. This problem can be corrected fairly simply under a local anaesthetic. Partial or complete ear loss may result from assaults or infection after piercing the cartilaginous part of the ear. Surgical reconstruction of ear loss involves fairly complex surgical procedures. At the Scottish centre for ear reconstructive surgery, we are delighted to be able to offer this service.

What are the options?

Pinnaplasty or otoplasty are the interchangeable medical terms for ear correction. The operation adjusts the shape of the cartilage within the ear to recreate the underdeveloped folds and to allow the ear to lie closer to the side of the head. Because the operation is performed from behind the ears, a scar is left close to the groove between the ear and the side of the head. The procedure can be performed under local anaesthetic. However, in young children, a general anaesthetic is usually required.

The folds of the ear may be created either by inserting some permanent sutures within the cartilage or by scoring the cartilage on the front of the ear to selectively fold certain areas. The ear can be rotated towards the head by inserting some further sutures between the head and the back of the ear, by removing a small piece of cartilage, or through a combination of both techniques. Your surgeon will advise you on the best option, depending upon the individual characteristics of your ears.

Where the lobe of the ear is especially large, a small procedure to reduce its size may also be performed. When the ear itself is disproportionately large, it may be reduced in height through scars well hidden in the groove on the front of the ear.

Surgical correction of 'cauliflower ears' requires a different surgical approach. Most commonly, an incision is made within the rim of the ear on the front. The thickened cartilage is then thinned and sculpted to restore as much of the original shape as possible. The skin is then re-draped and cotton wool dressings are stitched in place to apply gentle pressure for one week.

Split ear lobules can be fixed fairly simply under local anaesthetic. The surgeon will often produce a stepped scar to reduce the possibility of notching on the earlobe. The piercing may be preserved at the time of surgery but it is often simpler to allow the skin to heal and have the ear re-pierced at a later date.

Surgical reconstruction of partially or completely absent ears most commonly involves harvesting some of the patient's rib cartilage. This is carved into the shape of an ear and buried under the skin on the side of the head. For more detail, please visit our specialist website at www.earreconstruction.biz

Which procedure is right for me?

Ears come in an infinite number of shapes and sizes and are almost as individual as a finger print. If you are considering ear surgery, take time to examine your own ears and those of others to identify which features you like or dislike.

The most common reason for desiring corrective surgery is prominence of the ear. You can estimate the degree of prominence using a ruler. The distance between the skin on the side of the head and the ear is classically 17mm but this varies between individuals. The two most common reasons for the ear being prominent are that the (conchal) bowl of the ear diverges too far from the head and that the upper (antehelical) fold is inadequately formed. Having prominent ears alone is not an argument for surgery. The child or adult must want to have them corrected.

What are the limitations?

Prominent ear correction is most often performed during childhood. However, it is best to operate when the patient is five years old or more. Before this age, the ear is considerably smaller than its adult size and the cartilage is very floppy and more difficult to mould surgically.

Although parents may feel that their child's ears should be corrected to prevent anticipated teasing, it is preferable to wait until the child recognises the problem and wishes for correction. Children are generally more co-operative with the surgery and dressings and happier with the outcome when they fully understand why the surgery is taking place.

Pinnaplasty is also performed during the teenage years and in adult life when either a local or general anaesthetic can be used. There is no upper age limit at which prominent ears may be fixed.

What can the procedures achieve?

When an ear is noted to be prominent within the first few weeks of life, it is possible to reshape it by applying a small splint to the rim, without the need for surgery. The cartilage or gristle of a newborn's ear is very floppy and easily remoulded. After several weeks of splintage, a permanent correction can be achieved. The older the child, the stiffer the cartilage and the longer the period of splintage required. It is generally considered that by the age of three months, the cartilage is too hard to respond to external splinting and a surgical solution is required.

What are the risks?

Some swelling and bruising can be expected after the operation. Occasionally, there may be a little bleeding but your surgeon will take great care to minimise this risk. Infection is very uncommon but should this occur, it would require treatment with antibiotics and regular dressing changes.

When permanent sutures are inserted within the cartilage, there is a small risk of being able to feel or see them through the skin. Very rarely, the dressing can rub the ears and produce a break in the skin which can take some time to heal. In a small number of patients, the scars themselves can become excessively thick and red and may require further treatment.

There is a 5% risk that the correction may not hold properly and further revisional surgery is occasionally required. Your surgeon will be careful to correct the ears in a symmetrical fashion, although a small risk of asymmetry does exist.

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The ears are often a little numb after the procedure. This usually takes several weeks to settle. They may also be tender to touch for a month or two and, as with any cosmetic operation, there is a risk of the patient being dissatisfied with the result.

What can I expect afterwards?

Dressings

A protective head bandage is usually worn after the surgery. In children, this is usually kept on until the skin stitches are removed seven days after surgery. In adults, the bandage may be removed at an earlier date without compromising the outcome. Once the dressing has been discarded, it is wise to wear a protective head-band or bandage at night for six weeks to prevent folding of the ears on the pillow. Similar precautions should be observed when children are playing or adults are participating in sport.

Pain and discomfort

The ears are often sore and tender for several weeks and painkilling medication such as paracetamol or codeine may be required. Other drugs such as aspirin can occasionally cause unwanted bleeding following the surgery and should be avoided.

Scarring

The scar behind the ear usually settles well but on rare occasions it can become red and lumpy. This type of scarring is known as a hypertrophic or keloid scar and can be difficult to treat.

A small number of patients, particularly those who are very sensitive about the precise shape of their ears, may require a minor adjustment procedure. Most patients, however, are very pleased with the result and the consequent benefits for their self-confidence.

Contact Us

For information and appointments please contact us and we will be happy to help.

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