DR REBECCA AYERS
Plastic, Reconstructive and Hand Surgeon

PROMINENT EAR CORRECTION (OTOPLASTY)

Introduction

Ears appear prominent due to a lack of folding of the (anti-helix) ear cartilage, a very deep conchal bowl or a combination of these features. Further contributing features include positional plagiocephaly (cranial deformity), prominent ear lobes or a prominent mastoid process.

Prominent ears may result in teasing beginning as early as 6 -7 years of age. Some children are unconcerned about their ears and tolerate teasing well, others find the teasing distressing and become self-conscious.

Prominent ear correction can be undertaken from about the age of 5 years. By this age, ears are approaching adult size and cartilage is gradually becoming firmer. At this age children can contribute to the decision making process and cooperate with post-surgical aftercare.
Some children are very anxious about the idea of surgery and in these cases it is best to delay the surgery for a year or two until the child actively requests the procedure.

What is the technique for correcting prominent ears?

A small section of skin is removed from behind the ear. Cartilage sparing techniques uses sutures to re-create the special folds of the ear (Mustarde sutures) and to tuck the ear neatly against the scalp (concha-mastoid or Furnas sutures). The result should be natural and pleasing. There will be scar behind the ear, this may be visible in people with very short hair. There are a number of other methods for correcting prominent ears. Some techniques score the cartilage to help weaken and mould it. This is a more aggressive technique and can lead to increased complications however it may be a useful adjunct a in people with very stiff cartilage.

Possible complications

Infection including *chondritis* (infection of the cartilage and loss of the cartilage) - 1%
Bleeding – excessive pain soon after surgery may suggest a haematoma (collection of blood) that may need review or a return to theatre. 1%
Skin necrosis (erosion of skin) – usually settles with dressings
Asymmetry – ears are slightly different before the procedure and will be afterwards
Recurrence – may require revision surgery (7-10%)
Scarring – including prominent scarring (***hypertrophic*** *scarring* or ***keloid*** *scarring*)
Suture prominence or *granuloma* – obvious wound relating to suture material and requiring a small procedure to remove the suture material

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After surgery

Dressings are left on for a week and should be kept dry and clean during this time.
Quiet activities are recommended. It is probably best that children are kept away from school for the first week or so.
When the dressing is removed a soft wide elastic headband should be worn for 2 weeks day and night and then for 3 months at night.
All sutures are dissolving.
It is tender after the surgery and discomfort will resolve gradually however significant pain on one side of the head may indicate an infection or bleeding and should be reviewed.
Avoid contact sport for 3 months.
Post-operative swelling may take 3 months or more to set

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