

Pinnaplasty

What is the problem?

Approximately 1% of the population of the United Kingdom consider their ears to be too prominent. In many cases a family trend can be seen. Most prominent ears lack a normal fold of cartilage and sometimes one ear is more prominent than the other. Children with prominent ears are sometimes teased at school.



What can be done?

Ear surgery is usually carried out to set prominent ears back closer to the head. The surgery adjusts the shape of the cartilage within the ear to create the missing folds.

What are the limitations?

The operation is usually carried out on children between the ages of five and 15 years of age. When children are less than five years old, the cartilage tends to be very floppy and does not hold stitches well. Older children are also generally more co-operative when they fully understand what the surgery involves.

What happens before the operation?

From the time that your nurse tells you, your child should not have anything to eat or drink before the operation. It is important to follow these instructions otherwise your child's operation may need to be delayed or even cancelled.

On the day your child comes into hospital to have their operation, the doctor will explain about the procedure in more detail, discuss any worries you might have and ask you to sign a consent form giving your permission for the operation. An anaesthetist will also see you to explain about your child's anaesthetic in more detail. If your child has any medical problems, such as allergies, please tell the doctors.

What does the surgery involve?

Ear surgery usually takes about two hours although complicated procedures may take longer.

The operation is usually carried out under a general anaesthetic so that your child is asleep for the whole procedure. Occasionally a local anaesthetic will be used but this will be discussed with you before the procedure.

The operation involves the removal of small amounts of skin from behind the ear and the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position. Permanent stitches may be used to help maintain the new shape of the cartilage.

The operation produces a curved scar behind the ear that usually heals well and fades after a few months.

What happens after the operation?

After the operation your child will wake up in the recovery room where you can go and meet them. Your child may have come back from their operation with a drip that is giving your child some fluid. Any specific instructions from your child's surgical team will have been passed onto the nurses caring for your child.

Children are usually up and around within a few hours of surgery although they often stay in hospital overnight until all the effects of the general anaesthetic wear off. The ears are wrapped in a large bandage after the operation to help the moulding and healing. The ears may ache for a few days but this can be relieved with simple painkillers suitable for children.

When can I take my child home?

The large head bandage will remain in place until the morning after the operation. The surgeon will make a decision whether or not to remove the bandaging. Some surgeons prefer to keep the bandages in place for a few days. Your child will then be able to go home (as long as there are no other problems).

The stitches behind the ears are usually dissolvable and may take up to three to four weeks to disappear. Some surgeons may use non-dissolvable stitches and will remove them in one week at the ear, nose and throat (ENT) out-patient clinic by the ENT nurse specialist. If you notice any discharge, swelling, redness around the area of the stitches, please ring the ward for advice. Please ensure the area around the stitches is dried thoroughly after baths/showers/hair washing. It is advisable not to wash hair for a couple of days after surgery and then to do so with help from a parent or friend who can direct the flow of water away from the stitches.

Your child should be kept of school for seven days after the operation. On returning to school s/he should not participate in PE lessons until advised by the doctor at the follow-up appointment.

On discharge you will be given a discharge letter giving all information on your child's operation and a copy will be sent to your GP.

What are the benefits of this procedure?

Children with prominent ears can sometimes get distressed and teased about the way they look so for most patients any alteration to the way they look is a good one. This surgery aims to correct prominent ears and adjust them to a more normal position.

What are the risks to this operation?

Every anaesthetic carries a risk of complications, but this is very small. Your child's anaesthetist is an experienced doctor who is trained to deal with any complications. After an anaesthetic, your child may feel sick. S/he may also have a headache, sore throat or feel dizzy. These side effects are usually short-lived. The operation also carries a small risk of bleeding and infection – your child's surgeon will discuss this with you.

- Most patients are very happy with the results of their surgery but keep in mind that the goal is improvement, not perfection. Do not expect both ears to match perfectly; perfect symmetry is unlikely and unnatural
- The scar behind the ear usually fades well but on rare occasions it can become red and lumpy
- Infection is uncommon but it can sometimes occur. This is usually eased with a course of antibiotics
- Bleeding can occur but due to the dressing used this is usually minor
- The ears can feel numb or tingly for several weeks after surgery
- There is a small risk that a further adjustment surgery may be required.

Are there any alternatives?

The alternative to this surgery is to decide not to have surgery.

When should I seek further medical help?

If, once you are home, your child experiences any of the following you will need to seek further medical advice. This may mean contacting the ward or attending your local accident and emergency department.

- Excessive pains, which cannot be relieved by suitable, pain medication
- Swelling, bleeding of the ear area
- If your child becomes unwell with a fever.

September 2015 – to be reviewed in September 2107.