Pinnaplasty (Prominent ear correction)

Prominent ear correction surgery is also known as Pinnaplasty or Otoplasty. It is usually delayed until after the age of 5 years, as in younger children the cartilage is soft and efforts to reshape it may cause irregularity. The problem often is due to a flat or inadequate anti-helical fold (upper 2/3 of the ear with a flat fold anterior to the rim).

The procedure is usually performed under general anaesthetic in children, and local anaesthetic in older patients. The ear is injected with local anaesthetic and this provides pain relief in the immediate hours after the operation. Other pain tablets may be taken in the days after the operation if needed.

Surgical techniques are based on two broadly differing principles of cartilage scoring (in which the cartilage of the ear is scored to weaken it and mould it) and cartilage sparing (in which the curves and folds are formed or reshaped using stitches without damaging the cartilage). Although cartilage scoring surgery (Chong Chet technique) can be successful in most cases, complications are unpredictable, as it is a more aggressive technique; the majority of problems arise from bleeding within the skin envelope and subsequent skin necrosis. Cartilage sparing using sutures (Gault technique: http://www.earreconstruction.co.uk/prominent_stick_out_ears.php) is now being more favoured within the UK. Miss Hazari is well-versed in both techniques, but has a personal preference in using the Gault suture technique.

The operation involves reshaping the cartilage of the ear with either scoring or use of sutures. A small section of skin is removed from behind the ear. The **scar** is usually well hidden behind the ear, but may be visible in people with very short hair. The scar is usually red initially, but settles to become white and narrow over an 18-month period. Occasionally, the scar can become red, lumpy, tender and itchy. This is called scar **hypertrophy / keloid**, and can be difficult to treat. The onset of this condition is unpredictable, but may be first noticed at 3-4 months after the opertaion.

Ears are not normally identical in appearance, and they will not be identical after the operation. Minor differences are expected. This may be in the shape of the ear, as well as the appearance of the folds on the ear. Revision surgery is occasionally indicated.

The most common problem early after surgery is bleeding. This may be hidden by the dressing, but one side will become very much more painful than the other. Staying quiet and restful in the first few days after surgery reduces the likelihood of this problem developing. If a problem is suspected, you will

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need to contact the hospital where you were operated. **Bleeding**, also called a **haematoma**, may need a return to theatre to wash out the accumulated blood. Other less common problems are **infection** and small areas of healing problems either on the front or back of the ear. Occasionally, **skin necrosis** can occur when some of the skin becomes eroded and will need dressings for some weeks. Rarely, the ear prominence may **recur**. Though this is reported to be more with the suture technique, the surgery is easily performed again without any damage to the ear. It is important, especially, in boys of school age, that the school is informed to prevent problems such as pulling on the operated ear by peers at school during sporting activities.

A head bandage must be worn for a week to 10 days after the operation. If this bandage comes loose you should also seek advice from the hospital.

You will be seen 10 days–2 weeks after the surgery and the bandage will be changed. The ear will still be bruised and swollen and may be uncomfortable. Ideally you should wear a wide toweling/ sports headband at night for the next 4 weeks. Ensure that there is adequate cotton wool padding present on top of the ear underneath the headband so that the new cartilage fold does not rub on the headband and cause **pressure sores**. Post-operative **swelling** can take upto 3 months to settle. It will take a 10- 12 weeks before patients can return to full sporting activity, especially contact sports such as football and rugby.

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