



Cosmetic Image Clinics

Otoplasty (Correction of Prominent Ears)

Otoplasty is a surgical procedure to reshape or to reduce the size of large ears, or to “pin back” prominent ears closer to the head. Otoplasty is considered to be medically indicated for the correction of ears that protrude more than 20 mm and at an angle greater than 35° from the scalp.

In children with severely prominent ears, the procedure is done early in life between the ages of 2 to 5 years. Timing is always an important consideration. Having the procedure at a young age is highly desirable in two respects: the cartilage is extremely pliable, thereby permitting greater ease of shaping; and secondly, the child will experience psychological benefits from the cosmetic improvement. In children with more minor deformities, the family may wish to wait until the child is older and can participate in the decision. Ears are almost fully grown by age four and, for the most part, the operation is done on children between the ages of four and 14. Parents should consider that the earlier the surgery, the less the child will have to endure teasing and self consciousness.

Adults may also benefit from ear surgery and may choose to combine the procedure with other facial cosmetic surgery. There are generally no additional risks associated with otoplasty on an older patient, however the firmer cartilage of fully developed ears does not provide the same moulding capacity as in children.

The Surgery

Otoplasty surgery is usually performed in our day surgery centre under twilight sedation and can take from two to three hours, depending on the problem and the technique used. For very young children the surgeon will suggest the procedure be conducted under general anaesthesia in a hospital facility.

Typically, a small incision is made just behind the ear, in the natural fold where the ear is joined to the head, to expose the ear cartilage. The surgeon will then remove the necessary amounts of cartilage and skin required to achieve the right effect. In some cases, the surgeon will trim the cartilage to resize the ear, shaping it into a more desirable form and then pin the cartilage back and secure it with permanent sutures.

Another simpler technique may be possible to achieve your desired result. It involves a similar incision in the back of the ear. Skin is removed and sutures are used to fold the cartilage back on itself to reshape the ear without removing any cartilage.

In most cases, ear surgery will leave a faint scar in the crease of the ear that will be generally inconspicuous and will fade with time.

Risk Factors



Cosmetic Image Clinics

Complications are infrequent and usually minor. Nevertheless, as with any operation, there are risks associated with surgery and specific complications associated with this procedure.

A small percentage of patients may develop a blood clot on the ear. It may dissolve naturally or can be drawn out with a needle. Occasionally, patients develop an infection in the cartilage, which can cause scar tissue to form. Such infections are usually treated with antibiotics. In rare cases, corrective surgery may be necessary.

Planning Your Surgery

At your initial consultation, the doctor will evaluate your condition, or that of your child, discuss your expectations and recommend the most effective technique. Even when only one ear appears to protrude, surgery may be performed on both ears for better balance and proportion.

The doctor can help parents decide what is best for their child, not only aesthetically, but also psychologically and physically. We recommend that parents be sensitive to their child's feelings about protruding ears and ensure that the child is comfortable with the decision to have corrective surgery.

You should plan your next visit to the hairdresser to be immediately prior to surgery, as you will need to avoid this type of activity during the healing period.

Post-Operative Care

Adults and children are usually up and around within a few hours of surgery, although you may prefer to stay overnight in the hospital with a child until all the effects of general anaesthesia wear off.

Soft dressings applied to the ears will remain for four days to promote the best moulding and healing. Most patients can appreciate the results of surgery as soon as the bandages are removed.

Patients usually experience some mild discomfort but this can be relieved by medication. We will ensure that you have adequate pain medication. If you are accustomed to sleeping on your side, your sleep patterns may be disrupted for a week or so because you cannot put any pressure on the ear areas.

You will be seen a few days after surgery when the bandages will be replaced by a lighter head dressing similar to a headband. The ears will still be slightly swollen but this will soon subside. Stitches are usually removed, or will dissolve, in about a week. The headband is worn at night to protect the ears. Headbands are sometimes recommended to hold the ears in the desired position from 2 to 6 weeks after the surgery.

Any activity in which the ear might be bent should be avoided for 6 weeks. Most adults can go back to work about five days after surgery. Children can go back to school after seven days or so, if they're careful about playground activity, and may resume sporting activities after 2 weeks.