



Patient Information Guide

Prominent Ear Corection

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It is estimated around 1-2% of the population have prominent ears. In our ever increasing body conscious world, prominent ears can be a cause of embarrassment and teasing, particularly at school. There is certainly an inherited or familial aspect to this condition.

The anatomy of the ears are a complex three dimensional structure and during your consultation your surgeon will explain the areas that are causing the prominence and how they can be addressed. Often the prominence relates to a combination of factors, such as a lack of a fold (anti helix) a large conchal bowl and many other variations. Typically one ear is more prominent than the other.

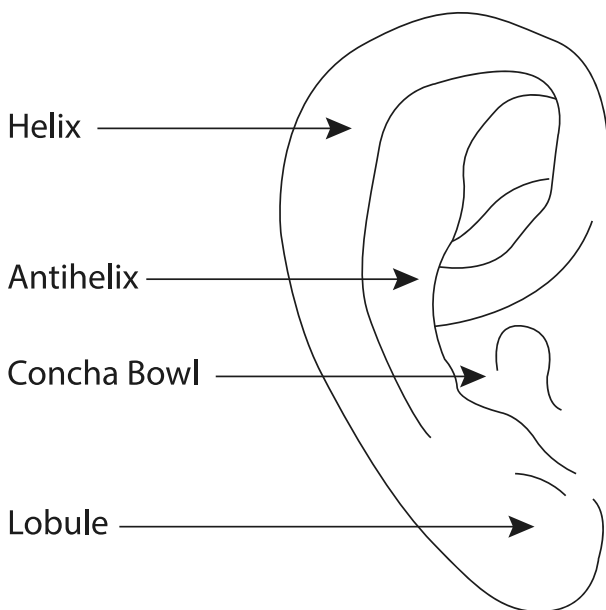


Diagram of a normal ear.

1. SURGICAL CORRECTION

This is regularly performed as a simple, safe day case procedure taking between 120-150 minutes. It is usually performed under local anaesthetic, or if you prefer, a short general anaesthetic.

The surgical technique involves firstly using a local anaesthetic to numb the area completely, this will then last for approximately 2 - 4 hours after the operation.

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All the surgery takes place from the posterior surface of the ear starting with an incision being made close to or in the groove at the back of the ear. Permanent sutures are then placed into the cartilage to recreate the natural folds of the cartilage and keep fixed in this position.

The wound is then closed with an absorbable suture that does not need to be pulled out.

The ears are then wrapped up in a protective dressing for the first week. After the wound-check at one week your surgeon will recommend a supportive garment, such as a ski bandana, to be placed on the ears day and night for the next 3 weeks and then at night only for the next 3 weeks. This is important to protect the ears from too much movement in the early post-operative phase.

2. RISKS OF SURGERY

Reactions to the local anaesthetic – we use the same anaesthetic the dentists use and reactions are very rare. It is often not the anaesthetic but the adrenaline within it that causes the reactions such as a fast heart rate and easily managed by simple supportive measures.

Bruising/bleeding – most patients experience some level of bruising that will clear over 2-3weeks. Occasionally the dressing may have a bit of blood on it in the first 2-3days, this may require an early dressing change, nothing more is needed.

Infection – is extremely rare, and if it occurs a course of local antibiotic cream and oral antibiotics may be needed.

Pain – It is expected to feel some discomfort in the first week post surgery, but this is usually mild and is managed by regular simple analgesia.

Scabbing – this occurs on the edge of the wound, it is best to leave the scabs to fall off naturally. If stuck to the dressing the easiest way to remove this is to soak the dressing off in the shower.

Sensation – the area may be either hypersensitive or numb, over the course of the first few weeks and this usually recovers fully.

Asymmetry – often the ears are not exactly the same before the operation, and post op you will have less prominent ears BUT minor difference are normal and are to be expected.

Recurrence – very rarely the permanent suture does not hold the position or a trauma to the ear results in the ear returning to its original shape. This requires revision surgery.

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3. POST OP INSTRUCTIONS

Keep the dressing dry until the first dressing change, which is usually at 7days. Take regular analgesia as required. Avoid Aspirin. It is advisable to sleep on your back and upright on 2-3 pillows for the first week, as it will help with swelling and pain.

After the initial dressing is removed a protective support is recommended such as a ski bandana for the next 6 weeks. You will be advised on what to purchase by your surgeon or nurse. Avoid strenuous activity/heavy lifting/straining for the first 4weeks. No contact sports for 6-8weeks.

Note: If you have any concerns after the operation has been performed please contact the hospital/clinic where you had the procedure.