

Pinnaplasty - Prominent Ear Correction

What is pinnaplasty?

The medical term for the external ear is the 'pinna'. A pinna-plasty alters the shape of the external ear. This same operation is also known as 'otoplasty'. In almost all cases this involves altering the prominent ear so that it sits closer to the side of the head. People talk about 'pinning' ears.....no pins are involved! The shape and position of the ear is corrected by scoring the cartilage in the ear and / or holding it in a new position with internal stitches. A headband is worn full time for a week to protect the corrected ears.

Why do ears stick out?

This is simply a variation between humans. The cartilage of the pinna is a complex of folds and recesses which forms during the first few months of foetal development. In most cases the prominent ear will have quite a deep bowl 'concha' immediately next to the ear hole. Additionally, the principal fold in the mid and upper section of the pinna has a very open angle or it is deficient altogether. Prominent ears can be a source of ridicule and self-consciousness and for this reason patients frequently ask for the ears to be corrected.

How are prominent ears corrected?

In adults, this surgery is usually done as awake surgery with local anaesthetic. Children would routinely have general anaesthetic and some adult patients may prefer to have general anaesthetic also.

Local anaesthetic is injected in several sites in front and behind each ear. The ears and adjacent skin are cleaned with antiseptic and surgical sheets are positioned around the ear. Careful marking, measuring and planning is done before the surgery commences. A cut is made in the crease where behind the ear where it joins the head. The resulting scar is therefore hidden from view.

Immediately underneath the skin is the folded cartilage of the ear and this is reshaped by scratching or scoring its surface and / or by placing internal sutures. Occasionally a portion of cartilage is removed.

Once the skin is stitched, surgical glue is applied. The glue holds the ear close to the side of the head; it slowly loosens during the first 2 weeks and, after 2 weeks you can gently help the glue to loosen with a fingertip.

A headband is worn full-time for a 2 weeks. Thereafter, the headband is worn at night for a further month.

The stitches behind the ear are dissolving type but there may be a couple of knots on the surface which take a couple of months to separate.

How long does it take to recover?

You can go home the same day and you should have a quiet week at home especially if you do a strenuous job.

There will be some discomfort, bruising and swelling which should mostly be settled by 3 weeks.

Wear the headband or bandage for 2 weeks continuously after surgery and then for a further month at night time.

You should avoid traumatising the ears in any way for at least 6 weeks.

You will be seen approximately a week after surgery for a check-up and subsequently as necessary but you should contact the hospital urgently if you notice increasing pain, bleeding or redness.

What problems can occur with Pinnaplasty?

It is impossible to eradicate all risks from surgery but serious surgical complications are uncommon.

This is considered to be routine surgery with an acceptable safety profile if performed by a fully qualified and trained Plastic Surgeon in Hospitals with a high standard of care. The overwhelming majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term. If you have pre-existing eye problems or other medical problems (e.g. heart, breathing or blood clotting conditions) the risks may be increased and it is possible that some patients may not be considered healthy enough to have this operation.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from general anaesthetic surgery (stroke, pneumonia, heart failure, hypoxia, dangerous blood clots ('DVT', 'PE'))

Bleeding

Severe Infection of skin or cartilage

Severe allergy to medicines or preparations

May affect cosmetic result - may develop in longer term - may lead to further investigations or treatment - may not be covered by the cost of operation.

Asymmetry (often pre-existent)

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Long term pain

Erosion or prominence of internal stitches

Recurrence of prominent ear

Other problems - usually temporary

Numb skin - many tiny nerve connections to the skin of the ear are severed or disturbed during dissection and this causes the skin to be numb. The sense usually returns slowly although it may not be complete.

Sensitive and sore especially in cold weather

Swelling, bruising, pain

Scar healing abnormality: 'hypertrophy'; 'keloid'

Minor wound infection or stitch problem

dry, watery, itchy, gritty or gungy eye

Allergy / sensitivity to dressings / antiseptics / stitches

Infection is infrequent and is usually treated with a course of appropriate antibiotics although further surgery can be required. Very rarely, a serious infection of the cartilage or skin can develop and this has the potential to permanently deform the ear.

Overactive ('Hypertrophic' or 'keloid') scarring can occasionally occur and this can be addressed with some specific treatments to reduce the scarring. There is often some blistering and crusting of the skin on the ear which settle in about 3 weeks. Sometimes small areas of skin on the front of the ear can be lost and this results in a wound or a scab which can be tender, can take a number of weeks to settle and can leave a mark.

In a few patients, swelling in the operated ear can be very pronounced and it takes several months to settle.

Occasionally, internal stitches can loosen or break before the cartilage has remoulded and the ear becomes prominent again.

Internal stitches can occasionally be felt through the surface or cause some inflammation and this may require reoperation.

Is pinnaplasty the right operation for me?

If the position of your ears makes you self-conscious you will most likely find pinnaplasty helpful. The results are natural and the surgical scar is well hidden behind the ear so it would be difficult for people to know that you have had surgery on the ears in the long term. The operation is easily performed as a day case and there is usually minimal discomfort or down-time associated with the surgery. Usually both ears are prominent but some patients may only have one ear which sticks out and requires correction.

What will the ears look like after surgery?

Patients are not quite sure what to expect and, after surgery, may perceive subtle irregularities which are only visible to close scrutiny but which would not be readily apparent during normal social interactions.

Surgery aims to achieve a balance between making the ear less prominent but avoiding an overcorrected appearance - the difference between these two outcomes is a matter of millimetres.

It is not easy to predict how the cartilages will fold and correct.

Will both ears be exactly the same after surgery?

Often the ears are not symmetrical to begin with in terms of shape and also the amount of prominence - 'asymmetry' - this is due to differences in the shape of the ear cartilages and is often also due to differences in the shape of the skull. It is impossible to achieve perfect symmetry with pinnaplasty and the operation improves the appearance of the ears rather than making them perfect.

Every attempt will be made to make the ears match each other as closely as possible for shape and prominence but there will be slight differences after your operation.

The surgery only treats the external ear which has nothing to do with the complex hearing organs of the middle and inner ear. As such there is no reason why surgery would be

expected to affect your ability to hear. It may be the case that some blood or debris gets into the ear canal or some swelling reduces the aperture of the canal and these things could temporarily reduce your hearing.

What should I do prior to surgery?

If you smoke, you should cease smoking for 4 weeks either side of your operation date - smoking increases the risk of infection and can adversely affect wound healing.

Obtain a headband (eg tennis / gym sweatband) to wear after surgery and bring it with you on the day of your operation.