

OTOPLASTY  
(Correction of Protruding Ears)

GENERAL INFORMATION:

There are several variations of deformity of the ears, each of which must be treated in a different manner. Basically, otoplasty is performed to correct excess protrusion of the ears and place them in a more normal, less conspicuous position.

It should be noted that both ears are never exactly alike, even in the normal state, and that perfect symmetry is therefore not a reasonable expectation.

The operation has no adverse effects upon the hearing mechanism.

Photographs are as important to the plastic surgeon in the proper care of his patients as X-rays are to physicians in other medical specialties. Therefore, photos will be taken before and after surgery. These photographs become a part of the patient's confidential medical record.

The surgery can be performed either in our State accredited surgical center or in the hospital. The decision as to the location will depend upon the desires of the individual patient and the judgment of the physician.

Physical activities should be limited for 2 weeks to avoid increased swelling and discomfort. Driving may be resumed in 3 days.

POSSIBLE COMPLICATIONS:

Complications are rare. Bleeding may occasionally occur into the dressing during the first post-operative day and may require a change of dressings. Fluid or blood may collect between the skin and cartilage necessitating re-opening of the wound for removal of the excess fluid. Infection is rare and responds to antibiotic therapy.

THICK SCAR OR KELOID tissue occasionally forms behind the ear and may require surgical removal or injection of cortisone. Occasionally the ear, after a period of time, may revert back forward to its previous position. In such instances, the operation can be repeated, but this is rarely necessary.

THE ANESTHESIA:

The operation can be performed either under local anesthesia with sedation or under general anesthesia. The type of anesthesia will depend upon the desires of the individual patient and the judgment of the surgeon. Board certified anesthesiologists and doctors provide anesthesia services in our surgery center.

LOCAL ANESTHESIA is usually used for otoplasty on older children (15 years and older depending on the individual) and adults. Local anesthesia consists of (1) sedation given by injection one hour prior to surgery, (2) heavy sedation given intravenously at the beginning of surgery and during the procedure as needed, (3) infiltration of the operative area with local anesthesia (numbing) agents.

GENERAL ANESTHESIA is usually recommended for patients under the age of 15 years. This type of anesthesia begins with sedation given by injection prior to going to the operating room. After the patient is in the operating room, anesthetic agents are administered intravenously by the anesthetist.

#### THE SURGICAL PROCEDURE:

The operation takes approximately 1 and ½ hours to complete and is not painful. The procedure consists of an incision on the back side of the ear, with the removal of a small segment of skin. The cartilage is exposed, and it is thinned or cut so that the ear will be placed in a normal position and have a normal configuration. Stitches are used to hold the cartilage in place and to close the skin incision. A bulky type dressing is applied completely around the head so that both ears can be protected, swelling minimized and discomfort limited. Newer techniques allow accurate and subtle recreation of the folds of the ear as well as placement of the ears closer to the head.

#### WHAT TO EXPECT AFTER SURGERY:

Discomfort postoperatively is minimal. Whatever discomfort there may be is short-lived and easily handled with routine pain medication. Dressings will be left in place for a period of 1 week. They will be changed periodically by the doctor. It is advisable to wear a bandana or bandage over the head and ears at night for an additional 2 weeks to avoid injuring the ears while sleeping. When the bandages are removed, the ears will appear swollen and bluish in color. This is normal and will be evident for approximately 3 weeks. Slight swelling will be noticeable for a few weeks. Sutures will be removed in approximately 1 week.

#### PRE-OPERATIVE PREPARATIONS:

Arrange for someone to take you home after surgery as you will be unable to drive yourself or take a taxi alone and arrange for someone to drive you to the office for your post-operative visit. Also plan for someone to stay with you for the first 24 hours after your surgery.

DO NOT take aspirin or aspirin-related medications (including Bufferin, Anacin, Contact, etc..) for two weeks prior or two weeks after surgery. Take multivitamin once a day for 2 weeks prior to surgery. Our office will discuss some homeopathic remedies which many patients find beneficial.

### POST-OPERATIVE CARE:

Rest in bed for the first 24 hours after surgery, getting up to go to the bathroom only. Showers and baths are permissible as long as the dressings do not get wet. Hair washing may begin after one week. Hair coloring may be resumed at that time. A slight spotting of blood may be seen on the bandages, however any bright red spots that appear to be increasing in size should be reported to the doctor.

Diet on the day of surgery should consist of liquids only, soft foods and liquids the day after surgery and a regular diet after that. Do not drink alcoholic beverages for one week post-operatively. Because the circulation between skin and cartilage has been interrupted during surgery, the ears should not be exposed to extreme temperatures.

### RESUMPTION OF ACTIVITIES:

Non-contact sports (swimming, dancing, jogging) may be resumed in 2-4 weeks. Contact sports (tennis, skiing, volleyball) in 5-6 weeks. Driving may be resumed in 3 days.