



## *ear correction* *(otoplasty)*

Some people have big ears or ears that stick out from the head. As most of them are self-conscious about it from an early age, they turn to ear surgery, or Otoplasty to remedy this physical feature.



### *about otoplasty*

Most of the patients are generally children between the ages of four and 14. By the age of four, ears are almost fully grown, and the earlier the surgery, the less teasing and embarrassment the child will have to face. Nonetheless, some patients chose to have ear surgery during their adulthood, at no additional risks associated with the procedure.



Otoplasty does not only treat the protruding ears, but a variety of other ear problems such as:



- “Lop ear,” when the tip appear to fold down and forward;
- “Cupped ear,” which is usually a very small ear;
- “Shell ear,” when the curve in the outer rim, as well as the natural folds and creases are missing.



Additionally, surgery can also improve large or stretched earlobes, or lobes with large creases and wrinkles. Given the latest developments in cosmetic surgery techniques, today surgeons can even build new ears for those who were born without them or who lost them through injury.

Usually the results of otoplasty are permanent, giving more natural-looking ears.

Your corrected features will be a real confidence booster, but keep in mind that the goal is improvement, not life-changing.

### *your consultation*

During the consultation, your surgeon will take a full medical history and ask you about any previous ear surgery you may have had. He will also point out the normal asymmetry of your ears caused by differences in their size and shape and in the shape of your skull where the ears sit. One of the goals of your surgery will be to improve this asymmetry, not to make it perfect. In this case, perfection will not look natural.



## *preparing for surgery*

After a thorough evaluation and a full medical history, your surgeon will discuss with you various ways of correcting the problem. Now you will have the chance to talk to your surgeon about what you are hoping to achieve.

Before your surgery:

- You must stop eating and drinking 6 hours before your surgery appointment.
- You should not take aspirin or anti-inflammatory medicines such as ibuprofen for 3 weeks before surgery.
- Avoid alcoholic beverages for 24 hours prior to surgery.
- Stop or reduce smoking for at least 2 weeks prior and after surgery.
- You must arrange for someone to take you home and make sure you are comfortable.
- You must also arrange for a responsible adult to stay with you for the first 24 hours following surgery.
- Wear loose and comfortable clothing on the day of surgery.
- Do not wear any jewellery, contact lenses, makeup or nail polish.
- Please bring your prescription medication (pain medication, nausea medication, antibiotics, etc) with you on the day of surgery.
- Adult patients are advised to shampoo their hair thoroughly the morning of surgery.

## *your operation*

Usually performed as an outpatient procedure, this takes about two to three hours, although complicated procedures may take longer.

If the patient is a child, your surgeon may recommend general anaesthesia, so the child will sleep through the operation. For older children or adults, the surgeon may prefer to use local anaesthesia, combined with a sedative, so you or your child will be awake but relaxed.

The technique will depend on the problem. Your surgeon makes a small incision behind the ear to expose the cartilage that he will sculpt and bend back toward the head. Non-removable stitches will be used to help maintain the new shape. In some cases, your surgeon will remove a larger piece of cartilage to provide a more natural-looking fold when the surgery is complete.



Another technique involves removal of the skin and using of the stitches to fold the cartilage back on itself to reshape the ear without removing cartilage. In case if just one ear appears to stick out your surgeon will usually perform the procedure on both ears for a better balance.

## *recovery*

You will be able to walk and be fairly active within a few hours of surgery, although you may prefer to stay until all the effects of general anaesthesia wear off. Your head will be wrapped in a bandage immediately following surgery to help with the molding and healing.

After a few days, a lighter dressing will replace the bulkier bandages around your head. You will need to wear this dressing for as long as your surgeon recommends, especially during night time. Stitches are usually removed, or will dissolve, in about a week.

The faint scar in the back of the ear will fade with time.

- For the following month after surgery, avoid any activity in which the ear might be bent.
- You can return to work about five days after surgery.
- Your child can go back to school after seven days; they should be careful about playground activity.
- Avoid strenuous activity and contact sports for at least one, two months.

## *risks and complications*

After your surgery you may experience temporary throbbing, aching, swelling, redness or numbness, but these symptoms can be relieved by medication.

Even though rare, a small percentage of patients may develop a blood clot on the ear. This dissolves naturally or can be drawn out with a needle. Occasionally, patients develop an infection in the cartilage, leading to forming of scar tissue. Your surgeon will prescribe antibiotics to treat the infection.