



PROMINENT EARS SURGERY

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Information delivered to :

Cachet du Médecin :

Patient's name :

Date :

This document has been conceived under the authority of the French Society of Plastic Reconstructive and Aesthetic surgery (Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake an otoplasty.

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

• DEFINITION, AIMS AND PRINCIPLES

The correction of prominent ears needs a surgical procedure called "otoplasty", which the goal is to reshape the auricles, we think, are excessively too visible.

The surgery is usually performed on the two auricles but could be done unilaterally.

An otoplasty corrects the auricle's cartilaginous abnormalities which are the cause of the prominent aspect. Schematically, we can distinguish three types of abnormalities which are often, more or less, associated :

- Too open angle between the auricle and the skull, carrying out the so called "prominence" (valgus helix).
- Too large size of the conchal cartilage (see diagram) projecting forward the ear which improves the prominent aspect (concha hypertrophy).
- Failure into the normal cartilage reliefs folding which gives a too smooth, like "unpleated", aspect to the ear (lack of anthelix plicature).

Surgery, definitively, corrects these abnormalities, by reshaping the ear cartilage, in order to obtain well-positioned, symmetrical ears also natural in size and aspect. So, prominent ears surgery also ends the mockeries and other unpleasant remarks which may have induced psychological difficulties or school problems.

An otoplasty can be performed in an adult, in a teenager or, most of the time in a 6-7 years old child, as soon as the child starts suffering of his/her ear aspect.



• BEFORE THE OPERATION

A meticulous clinical examination of the ears will be realized by the surgeon himself to determine the needed modifications.

A usual pre-operative evaluation is done, following the prescriptions.

An anesthesiologist must be seen in consultation, at least 48 hours before surgery, in case of general anaesthetic or "vigil" one.

No medicine with aspirin in it must be taken for at least 10 days before surgery.

Depending on the type of anesthesiology, it can be asked to you to keep fasting (no food, no beverage) for 6 hours before surgery.

For the boys, a short hair cut is suitable; for the girls, a pony tail is wellcome. But in any patient, the hair must be carefully washed the day before surgery.

• HOSPITAL STAY AND TYPE OF ANESTHESIA

Type of anesthesia

Three possible proceedings:

- simple local anaesthetic (an analgesic drug is injected locally to insensibilize the ears)
- local anaesthesia completed by tranquillizing drugs, injected in veins ("vigil" anaesthetic)
- classical general anaesthesia, which puts you asleep

The choice between these different techniques must come after you have discussed it with the surgeon and the anaesthesiologist.

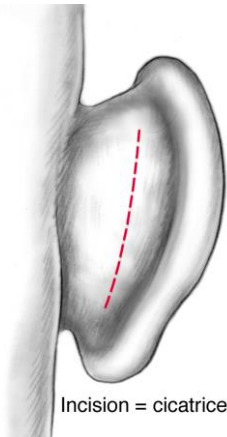
Hospital stay

The surgery can be done in the "day care" department; it means, you can leave hospital the same day of the surgery, just after a few hours of resting and medical supervision.

On the other hand, you may be asked to stay in hospital over the night; it means, you enter the hospital early morning, the day of surgery (or sometimes the day before in the afternoon) and leave it the day after surgery.

• THE PROCEDURE

Each surgeon is using his own technique, he may adapt to each case, in order to get the best result. But, common surgical steps have to be used :



- Skin incisions:

Usually, there are inside the natural retro-auricular fold. But sometimes, some small complementary incisions may take place at the anterior side of the auricles, hidden inside natural folds. Notice that hair will never be cut during surgery.

- Dissection :

The skin will be then undermined to allow the cartilage to be reached.

- Cartilage reshaping :

The principle of this surgery is to create or improve the natural reliefs of the auricles by thinning and/or bending the cartilage framework, which may necessitate deep fine stitches. Sometimes, cartilage cutting or partial removing is indicated. Finally, the auricles are put back in a good position, in relation to the skull, and anchored by deep stitches.

- Sutures :

Usually, the skin is closed using absorbable stitches; if not, the stitches must be taken away within 10 days after surgery.

- Dressing :

It is done with elastic bandages around the head to keep the ears in a good position.

Depending on the surgeon and on the gravity of abnormalities to be corrected, the surgery may take half an hour to one hour and half, for both ears correction.

• THE SURGICAL FOLLOW-UP

Pains are usually moderate and if necessary, they can be treated using pain killers or anti-inflammatory drugs.

In the contrary, in case of persistent pain, you must consult the surgeon or someone of his team.

The first big dressing is taken away within 2 to 5 days following surgery. It will be replaced by a lighter one for another few days.

During the early follow-up period, ecchymosis (bruises) and edema (swelling hiding the ear reliefs) can appear. This matter of fact should not worry you; it will be transitory and not affecting the final result.

A maintaining and protecting head-band will be used day and night for 15 days and then for another few weeks, during night, only. During this period of time, we must avoid any sport activity or working out, especially with risk of contacts.

You must also avoid high cold temperature for at least 2 months after surgery, due to the frost-bite risk because of the transitory sensitiveness abatement.

• THE RESULT

It will be appreciated within 1 to 2 months after surgery. It is the time needed for the edema to disappear, allowing the ear reliefs to be clearly seen. After this period of time, only the scar will be red and harden for another few months before toning down.

This surgical procedure will be most of the time efficient to correct auricles abnormalities and to give back natural well positioned, well oriented and well folded ears, also normal in size, symmetry and in general aspect.

In most of the cases, the result is definitively obtained. But sometimes, a slight (as a rule) recurrence of the prominent aspect of the ear may occur and indicate a slight secondary surgical correction.

To summarize, this quite easy surgery generally allows to efficiently correct unaesthetic prominent ears, ending so the mockeries and other unpleasant remarks which often induce psychological difficulties or school problems.

• DISAPPOINTING RESULT

They can appear after a while, due to unexpected tissue retraction or unusual scarring process.

So, we may, sometimes notice light asymmetry between the two ears, small irregularities of the ear reliefs, too acute cartilage plicature, narrowing of the ear meatus or deep stitches feeling.

All these so called "small failures" are discreet and not seen by others. Anyway, we can always correct them and refine the result under local anaesthesia.

• POSSIBLE COMPLICATIONS

Even if it is done for aesthetic purpose, an otoplasty remains a true surgical procedure, what means, it can induce the same risks as any surgery as little it is.

We must distinguish the complications from anaesthesia and the one from surgery.

- Concerning anaesthesia, it's the anaesthesiologist, himself, who will inform the patient of specific risks. We must know, that the anaesthesia may induce inside the body unpredictable reactions, more or less easy to control : dealing with a competent anaesthesiologist, working in a real surgical environment, pushes down statistically the risks up to an almost insignificant level. The today techniques offer the patient an optimal security, especially since the patient is in good health.

- Concerning surgery, by choosing a qualified competent plastic surgeon, well trained for this type of surgery, you limit as much as possible all the risks however without totally eliminating them. Complications could always occur after an otoplasty but remains quite rare.

Among, the considering complications, we can quote :

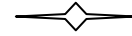
- The post-operative bleeding : if it is more than just a blood fleck on the dressing (what should not make you anxious) a secondary surgery may be necessary to stop the bleeding. But the blood, sometimes, can stay inside, giving *an haematoma* which could indicate its evacuation to protect the quality of the aesthetic result
- An infection is fortunately rare thanks to the rigorous pre-operative asepsis rules. But if an infection occurs, it needs a quick treatment to avoid to reach the cartilage which can have severe consequence.
- Skin necrosis can exceptionally be seen. It is usually limited and localized at the anterior side of ear relief where the skin is very thin and the blood supply disturbed. The scarring just needs local dressings and a small discreet scar may remained.
- Abnormal scars : in spite of all the care of the suturing, a ear scar, of any kind, can always become hypertrophic or even more “a cheloid scar” the treatment of which remains difficult.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor

PERSONAL OBSERVATIONS

one, always has some degree of unforeseeable unknown factors.

You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.



These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

