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Ear, Nose and Throat – Head and Neck Surgeon

OTOPLASTY (BAT EAR CORRECTION) A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of Otoplasty, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

Definition

Otoplasty (Bat Ear Correction) is an operation to bring the ears closer in towards the head rather than being away from the head.

Bat ears are where the ears tend to poke out away from the side of the head. This is a congenital problem where the child is actually born with the ears in this position. By looking at anyone's ears, they all look much the same. There are a number of folds made of cartilage, which give shape to the ear. The Helix is the curved, almost half circle of the upper half of the ear lobe. Beneath this is another fold of cartilage, which is called the Antihelix. It is this, which provides much of the shape to the ear and if it is congenitively missing, then the ear pokes out away from the side of the head. This is Bat Ears. Correction of Bat Ears therefore is to create an anti-helical fold.

The Surgery

The surgery is generally done just before the child attends school as to avoid the child being teased with Bat Ears. It is done under a general anaesthetic (patient asleep). It is generally carried out as a day case procedure, meaning that the patient can go home that day. On return from the theatre, a large dressing will be over the ears. This can be taken off by the parent the next morning. If the child is admitted over night, then the nurse will take the dressing off the following morning. Once the dressing has been removed, it is important that the child wears a beanie or some sort of head wrap to

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keep the ears close to the side of the head as the healing process occurs. As the ears heal, scar tissue keeps the shape to the anti-helical fold and hence keeps the shape to the ears. This head dressing needs to be worn for up to a six week duration after the operative procedure.

The surgical techniques to create an anti-helical fold are numerous. Essentially it involves a cut to be made in the skin behind the ear. An area of ellipsoid skin is removed, as when the ear is folded back, this will be loose skin. Once the incision has been made, the skin is elevated away from the cartilage. Various techniques are used to weaken the cartilage in the line of the anti-helical fold. In this way, weaken cartilage now bends, and an anti-helical fold is created. It is held in place by stitches that lie beneath the skin. These stitches are permanent and eventually become covered with scar tissue. Once the anti-helical fold has been created, the skin is closed with stitches of which are absorbable. In this way, no stitches need to be removed from the child after the operation.

It is important as mentioned, for a compressive beanie or suchlike to be worn to allow the healing process to occur. Generally speaking both ears are done at the same time, but in some situations, the child may only have one bat ear and therefore the one side is done.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as Diabetes.

Specific Complication of this Surgery

The compressive dressing over the ears prevents swelling and bleeding into the tissues beneath the skin. The cartilage of the ear blood supply is supplied by the overlying skin and therefore this blood supply must be protected, otherwise death of the cartilage occurs. If there is a death of the cartilage, then it shrivels up and there is a cosmetic deformity to the ears. This is commonly seen for example in Wrestlers where they have had bleeding between the skin and the cartilage. This is called a Cauliflower Ear. This complication is very uncommon. It is for this reason that we apply the dressing after the procedure.

It is however important to have the dressing removed the following morning after the operation and not wear a constrictive bandage on a longterm basis. As mentioned, the cartilage relies on blood supply to maintain it in a live state and if a bandage is too tight for a prolonged period, then once again, it can cause the death of cartilage and result in a Cauliflower Ear. It is therefore important that the dressing is simply firm and comfortable, but not tight.

Infection can occur after any operation and the child will generally go home with antibiotics. If infection occurs, then once again, there can be death of the cartilage with the result of a Cauliflower Ear. Once again, infection is uncommon, as the head and neck has a very good blood supply.

The procedure is not very painful, but the child will certainly need some pain relief after the operation, such as Paracetamol. It is important to avoid any medications that are Aspirin based or non-steroidal based which can cause bleeding. Obviously it is important to avoid bruising and bleeding in the post operative period for the reasons already previously outlined.

Very uncommonly a stitch can come through the skin behind the ear. As mentioned, the permanent stitches that are placed within the cartilage are usually buried, but can sometimes find their way to the surface. This is not of a concern and the stitch is usually cut flush to the skin and retracts beneath the skin margin again. Obviously if there are any concerns in this regard, please see Mr Watson.

When both ears are done at the same time, every effort is made to make the ears look the same. Obviously however, there may be some differences that you may see between the two ears after the operation. Generally these are not of any concern, remembering that if one looks at their own ears, there may be some differences between the two ears regardless of whether an operation has been done. The attempt is made to make the folding cartilage look as normal as possible. Obviously this is not always achievable and the cartilage itself may have a sharper edge than an un-operated ear. The aim of course, is to achieve the appearance of a natural looking ear.

Rarely spots can be seen from the front of the ear where the stitch shows through the thin skin at the front of the ear, this is very uncommon indeed. There will always be a scar behind the back of the ear where the initial incision was made. The incision is deep in the backfold of the ear and is usually not noticed by many people. Scars fade with time. Very rarely there can be incomplete folding of the cartilage requiring revision operation.

Post Operative Information

- The patient will generally be allowed to go home either the same day or the subsequent morning.
- The dressing applied by Mr Watson will be removed either by the nurse or yourself the subsequent morning.
- An appointment will be made to see Mr Watson within one week after the operation to check the dressing.
- Apply a firm, but not tight, head drape, such as a beanie or an ear wrap to keep the ears close to the head.
- If there is any excessive pain, please look at the ears to ensure that they are not excessively red or swollen or excessively bruised. If they are or you have concerns, please contact Mr Watson.
- Do not use any Aspirin or non-steroidal anti-inflammatory medications after the operation.
- Use antibiotics and medications as directed by Mr Watson.
- If there are any fevers, unwellness or increasing pain, please contact Mr Watson.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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