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CORRECTION OF PROMINENT EARS

Approximately 2% of the population in the UK considers their ears to be prominent. In many cases the shape and prominence of the ears is inherited. Occasionally the bowl of the ear is large but more commonly the ears lack a normal fold and sometimes one ear is more prominent than the other. People with prominent ears are sometimes teased, particularly during school years, and this can lead to a loss of self-confidence.

Anaesthetic - General or Local Anaesthetic Surgery

Surgery: Pinnaplasty is an operation, by which the shape of the cartilage of the ear is adjusted in an attempt to make it less prominent. The operation involves an incision in the skin behind the ear. The skin of ear is separated away from the cartilage. The cartilage is then incised and scored to promote a curve, which attempts to reconstruct a normal ear fold. Alternatively, sutures can be used to hold the fold. Sometimes the bowl of the ear is large and an adequate fold is present. In these circumstances the bowl is either reduced in size by excising a wedge of cartilage or is sutured back to the tissues of the side of the head.

Postoperative Information: A head bandage is usually worn to protect the ears for ten days after the surgery. Once the head dressing has been removed it is often wise to wear a protective head bandage at night to avoid the ears being bent forward accidentally. The ears are often painful for several weeks, particularly during cold weather.

Risks: The operation is carried out under general or local anaesthetic. General anaesthetics are very safe but do of course carry a very small risk. Although the scar behind the ear usually settles well in a small number of patients, approximately 3% the scars can become thickened and red, forming keloid scars. These keloid scars can become quite prominent requiring further treatment. Infection is not common but should it occur then it would require treatment with antibiotics and rarely further surgery. Sometimes the dressings can chafe the ears to produce a small break in the skin on the front of the ear, which can take a long time to heal. There is always the risk that the repair may not hold properly and that the ears may not be symmetrical. If sutures are used to create the fold, sometimes these may become apparent through the skin and may need to be removed. Adjustment surgery is occasionally required. Following this surgery the ears are often a little numb and this usually takes several weeks to several months to settle down. Cold intolerance can also be a problem.