Disclaimer

This movie is an educational resource only and should not be used to make a decision on Otoplasty. All decisions about Otoplasty must be made in conjunction with Your Surgeon or a licensed healthcare provider.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>CONTENT</th>
</tr>
</thead>
</table>
| 1. Introduction | a. Normal Ear Anatomy  
                   b. The Problem |
| 2. Pre-operation | a. Who is Suitable  
                     b. Pre-Operative Preparation |
| 3. Otoplasty     | a. What is Done?  
                     b. Complications |
Normal Ear Anatomy

Ear Anatomy

- Helix
- Antihelical fold
- Concha
- Tragus
- Lobe

(Refer fig. 1)

Helix

(Refer fig. 2)

Antihelical fold

(Refer fig. 3)

Concha

(Refer fig. 4)
Tragus
(Refer fig. 5)

Lobe
(Refer fig. 6)

The Problem

Enlarged Concha Causing Prominent Ear
Prominence of the ear can be caused by several problems, but there are two common causes. One is enlargement of the concha of the ear as shown in the diagram. This enlargement pushes the ear out from the skull.
(Refer fig. 7)

Poorly Defined Antihelical Fold
The second common problem is lack of folding along the antihelix which causes the upper portion of the ear to be abnormally tilted out from the side of the head as shown.
(Refer fig. 8)
Who is Suitable for Surgery?

Children above the age of five years are suitable for surgical correction of this problem and adults at any age can have a correction of their ears performed.

With children the operation is generally performed under a general anaesthetic, but as patients become older reaching teenage years and adult life, correction can be performed under local anaesthetic with or without the assistance of intravenous sedation.

Pre-Operative Preparation

Before surgery, it is important to reduce the skin bacteria in the area of operation as much as possible. This is done by showering with antiseptic surgical soap at least twice and preferably three times prior to surgery. The first full shower should be performed the night before surgery, the second early on the morning of surgery and the third approximately one hour prior to surgery. This may not always be possible, but is ideal. The hair should be washed, as well as all the crevices around the ear, to obtain maximum effect.

There is no need for any hair to be shaved prior to surgery. However if the hair is long, this should be pulled back in a ponytail to avoid the hair getting into the wound as much as possible. Aspirin or aspirin type drugs should be stopped prior to surgery. These drugs can interfere with the normal blood clotting mechanism.

With any type of cosmetic facial surgery, smoking is contraindicated. If you smoke, you should advise your doctor. Cessation of smoking is preferable for up to two weeks prior to surgery. Smoking is not recommended until the area is fully healed and your doctor has given you approval to again start smoking. Avoidance of vitamin drugs for the week prior to surgery is a good idea as some vitamins, particularly in high doses, can again interfere with normal blood clotting.

If the operation is to be performed under general anesthetic or intravenous sedation, you will be given instructions for fasting prior to your surgery. Fasting, which means complete abstinence from food and liquids, should be observed for at least 6 hours prior to your surgery. Follow your surgeon’s instructions on their requirements.

Otoplasty is most commonly performed as a day surgical procedure therefore you will not be required to be admitted to the hospital.
What is Done?

Ear Pinning

Ear Pinning, also referred to as Pinnaplasty, is one of the most common Otoplasty surgeries performed. The incision is placed behind the ear in the fold either adjacent to the skull or on the back of the ear itself. Additional incisions may be necessary to the front of the ear, however, your surgeon will discuss this with you before surgery if this is necessary.

The type of surgical procedure performed is targeted to the cause of the problem. With an enlarged concha, your surgeon will make an incision to the back of the ear and remove a flap of skin. Part of the conchal cartilage is then cut out or resected.

Your surgeon will then suture the remaining ear cartilage back together with either dissolvable or removable sutures. Silicone splints are placed to help keep the new shape of the ear until it heals.

(Refer fig. 9 to 13)
The ear is then covered with a sterile bandage.  

(Refer fig. 9 to 13)

Antihelix Reconstruction

If the antihelical fold needs to be reshaped or refolded to correct ear prominence, an incision is made to the back of the ear. The skin is removed and some cartilage may or may not be removed depending on your particular situation.

A series of internal sutures are placed in the cartilage and are then tightened to create a fold.

These sutures will remain inside the ear cartilage to help maintain the position of the fold.

(Refer fig. 14 to 17)
The skin is then sutured together with dissolvable or removable sutures. Silicone splints are placed on each side of the new antihelix fold to keep the new shape of the ear while it heals.

After the ear has been splinted with silicone rods, a thick pad is placed over each ear and a bandage is wrapped around the head.

(Refer fig. 14 to 17)

What Dressing Is Applied?

Usually the bulky surgical dressing will be removed within the first few days after surgery at the surgeon’s office and the ears inspected for presence of hematoma or infection. A lighter bandage will be applied at that time. This bandage is often removed within a week or so.

You may be asked to wear a headband to cover the ears while sleeping once the dressings are removed until the ears are fully healed. Your surgeon will give you specific instructions regarding the care of your ears depending on their preference and your particular situation.

With no bandages in place, you will be able to resume normal activities almost immediately. The silicone splints, if used, will be removed after 7 days or so. They are easily hidden beneath most hair styles.

Complications

Hematoma

Bleeding between the skin and cartilage in the ear can create a hematoma. This is a rare complication, but it is easily recognized because of the severe pain that results. If severe pain is experienced in the post-operative period, your surgeon should be notified immediately.
Hematoma, if left untreated may develop into a deformity called a "cauliflower ear" where irregular cartilage is formed in the collection of blood. Hematoma can also predispose to an increased risk of infection.

Infection

Infection can occur in any operation but is a particular problem if it does occur after this surgery. The ear cartilage can be destroyed by the bacteria causing a significant deformity of the ear. It is fortunately very rare and minimized by the washing of the hair with an antiseptic soap pre-operatively. Your surgeon may prescribe a course of prophylactic antibiotics after surgery to further minimize the chance of this rare complication. You should notify your surgeon of severe pain as this may be an indication of complications.

Scarring

The incision behind the ear usually heals without a significant scar although all scars are apparent if they are looked for. On rare occasions, the scar behind the ear can become keloid appearing enlarged, red and thickened.

This type of scar can feel itchy as well. Keloid scars can develop many months after surgery and often can be treated with cortisone injections. However, sometimes keloid scars do not respond to treatment or recur after being treated.

Asymmetry

All paired organs or parts of the body may not be totally symmetrical. After this type of operation the ears may still be slightly uneven. This is not usually noticeable on a casual glance as the ears are rarely seen together when looking directly at the head. A minor degree of asymmetry is acceptable, but if the ears are vastly different, then further surgery may be necessary to correct this problem.
Disclaimer

Although every effort is made to educate you on OTOPLASTY and take control, there will specific information that will not be discussed. Talk to Your Doctor or health care provider about any concerns you have about OTOPLASTY.
Your Surgery Date

Read Your Book and Material

View Your Video /CD / DVD / Website

Pre - Habilitation

Arrange for Blood

Medical Check Up

Advance Medical Directive

Pre - Admission Testing

Family Support Review

Physician’s Name: ___________________  Patient’s Name: ___________________

Physician’s Signature: _______________  Patient’s Signature: _______________

Date: ________________  Date: ________________