

Information provided is intended to inform clients of expected procedures and outcomes. However, not all patients, procedures or surgeons are the same, and information may not be applicable to all procedures. PIAC reserves the right to vary the way that a procedure is performed or which technique is used.

Otoplasty

(Ear Surgery)

Surgical/Procedure name

Otoplasty

Common name

Ear Surgery
Prominent Ear Correction (1 side)
Prominent Ear Correction (both sides)

Introduction

Otoplasty, also known as ear surgery, reduces the size of large ears or 'pins' them back closer to the head so that they protrude less. There are a variety of other ear problems that can also be helped with surgery; these include: lop ear, cupped ear and shell ear.

The best candidates for otoplasty are children between the ages of 4-14. The earlier the surgery is performed the less teasing the child may have to endure. However there is generally no increased risk with performing the surgery on adults in good health.

Surgical Procedure

The technique used will depend on the nature of your problem. Generally the surgeon will make a small incision at the back of the ear to expose the ear cartilage. It will then be sculpted and bent back towards the head. Sometimes permanent sutures are put in to hold the new position. Occasionally, a larger piece of cartilage is removed to attain a more natural-looking fold after surgery. In a different technique, stitches are used to fold the cartilage back on itself and the cartilage is not removed.

In most cases, ear surgery will leave a faint scar at the back of the ear that will fade with time. Even when only one ear appears to protrude, surgery is usually performed on both ears to create a more even look.

Hospital Admission

Out Patient procedure. No admission necessary.

Duration of Operation

One to three hours

Anaesthetic

Local anaesthetic



Pre operative Care

Please inform your surgeon of any allergies, all medical conditions, and any medication that you are taking (both prescription and non-prescription). To eliminate the chance of post op. bleeding you should avoid aspirin and any medication containing brufen for two weeks prior to surgery. Patients that suffer from hypertension must inform the surgeon prior to surgery.

Your surgeon will give you or your child a consultation in which he or she will assess your condition and the possible treatments available to you and give you directions on preparation for surgery.

If the surgery is for your child you should listen carefully to their wishes and feelings. You should not insist on surgery until they decide themselves that they would like to make a change. This will ensure that they are more comfortable going into surgery and happier with the results achieved.

Post Operative Care

Following surgery your head will be wrapped in bandages to maintain the position and facilitate healing. The ears may throb or ache for a few days following surgery. This is normal and will disappear with time.

After a few days the bandages will be replaced by a lighter head dressing and eventually a head band. It is very important that the dressings are worn at all times, especially at night when you go to bed.

Sutures, if used, will be removed or will dissolve in about 1 week.

Each individual is different, however, following surgery you may experience some of the following side effects: temporary throbbing, aching and swelling, redness and numbness.

For the first few months patients should avoid any strenuous activities or contact sports. You will be able to return to work or school within 5 to 7 days.

Risks and Complications

All surgery carries risk, and you should be fully aware of the medical risks associated with this procedure before you consent to surgery.

Risks and risk rates vary from patient to patient. Everybody is different. A small proportion of patients develop a blood clot on the ear. This may dissolve naturally or can be drawn out with a needle. Infection is another common risk, but with the use of antibiotics this is practically eliminated. Very rarely excessive scarring, mismatched or artificial-looking ears or a recurrence of the protrusion, requiring repeat surgery is experienced. However this is very uncommon.



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