



Patient Information sheet

Prominent ear correction

Prominent ears are caused by a lack of folding of the anti helix of the ear, and prominence of the concha or shell part of the ear in varying proportions. The ear lobe may also be prominent and the whole ear may droop forwards slightly due to a poorly developed suspensory ligament. Rarely varying stages of constricted or cup ear may be present. The objective is an ear that looks quite natural with no sharp edges and a rim that does not disappear.

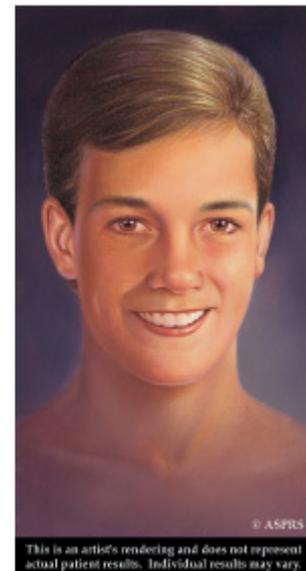
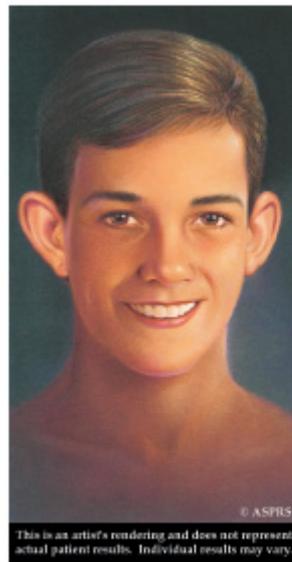
HOW IS IT DONE?

A cut is made similar to the one illustrated behind the ear, although more in the crease line behind the ear rather than on the surface. The cartilage framework of the ear which gives it its shape is incised nearer the rim and access is gained to the front side.

The cartilage is then modelled into a new shape without sharp edges by scoring the cartilage on the front under the skin to allow it to fold back

in the desired manner. A number of refinements are added depending on the circumstances. These

include attention to the suspensory ligament, conchal rotation or reduction and repositioning of the ear lobe.



The operation takes about one and a half hours and for children is done under general anaesthetic as a day stay.

In adults it can be done under local anaesthetic.

Pain is easily controlled with Panadeine in the first day, by the second day nothing is usually required. There is a dressing bandage in place for the first few days to keep the ears protected and comfortable.

When the dressing is removed the ears are bruised and a little swollen.

This goes down over the next 10 days but takes about three weeks before the swelling is gone. The scar is hard to see in the groove behind the ear and gets temporarily firm and hard for about three months before settling in about a year.

It takes longer in children because of active growth hormone. It is best to plan on at least a week off work or school in order to allow for good healing conditions. Full normal activities can occur at three weeks, sporting activities at four weeks and body contact sports at six weeks.

WHAT ARE THE COMPLICATIONS?

Post operative bleeding is prevented by sealing the blood vessels at the time of surgery and a dressing which is snug. Infection is controlled by antibiotics given at the time of surgery. Rarely the shape correction may be distorted by scar activity and the correction be insufficient or asymmetrical. In this instance the situation is remedied by a shorter procedure after the scars have matured at one year and is generally quite straight forward. This is required in approximately 10% of patients. Costs are involved with this but they are not high and the procedure can often be done under local anaesthetic. Exceptionally 1 in 350 cases develop raised active scars which can be a problem requiring treatment.

YOUR RESPONSIBILITIES

- To reveal all medications, conditions, history, allergies and recreational drug use.
- To understand all aspects of the information discussed at consultation and all written information given and to seek clarification if needed.
- To understand that you are entering a process where your surgeon is dedicated to the best possible outcome. This requires engaging in the complexities of biology, healing and individual differences.
- That additional stages or further surgeries are occasionally required and that the surgeons best efforts are the basis of the charges. Further surgeries will incur additional charges in pursuit of a particular result.
- To understand that the initial consultation is charged for but all subsequent pre operative consultations pertaining to this surgery are at no charge.
- To understand and accept the above conditions.

