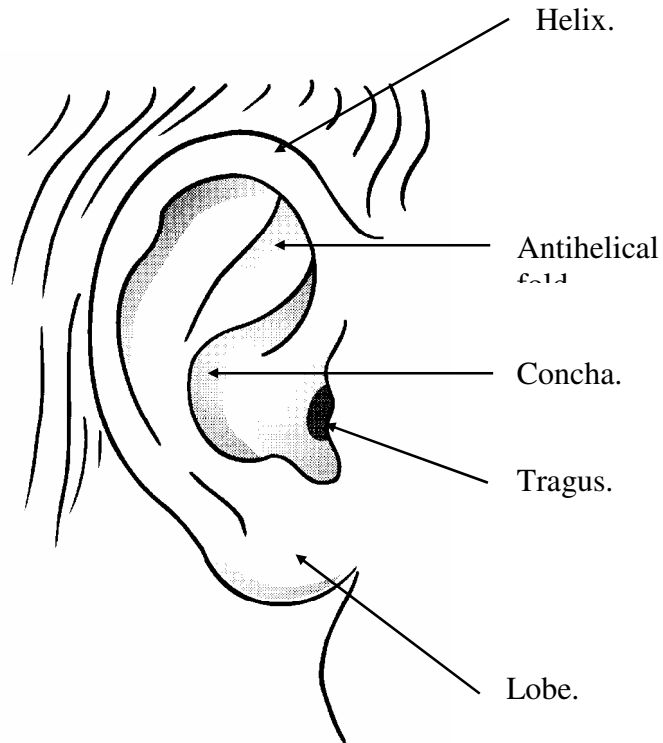


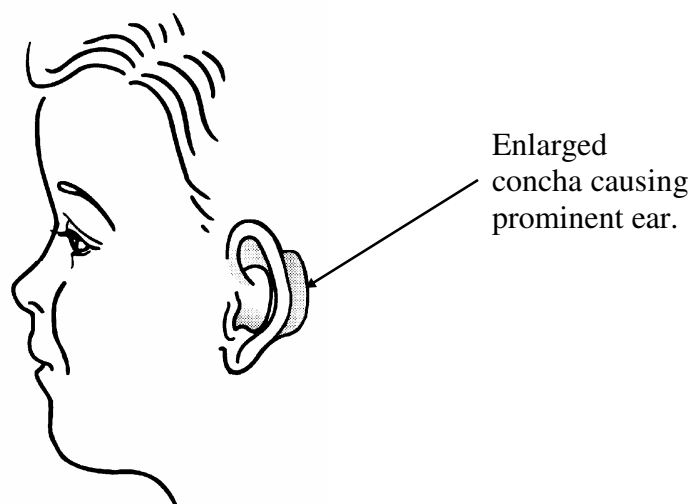
# OTOPLASTY

Protruding of lop ear deformity is a common malformation with a frequent concomitant psychological disturbance. Children afflicted with this problem are often the object of ridicule from their peers. Even adults who suffer this problem are sometimes ridiculed by workmates or others in the community. Because of the psychological problems that can occur with children we prefer to correct the problem at the age of four to six years. At this time the ear growth is nearly completed and we do not find that any further growth causes a recurrence of the problem. Quite frequently adult men will not wear their hair short and women will avoid wearing their hair up because of the prominence of the ear.

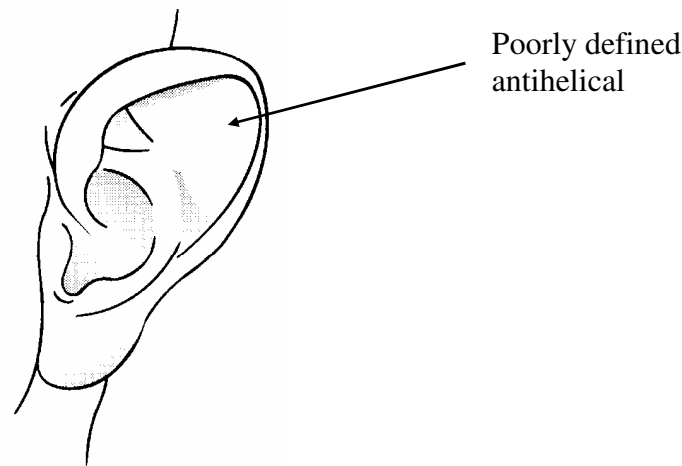
## Ear Anatomy



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 following diagram. This enlargement pushes the ear out from the skull.



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 below.



### 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. One such shower should be performed the night before surgery, another early on the morning of 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 (a list is appended) 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 contra-indicated. 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.

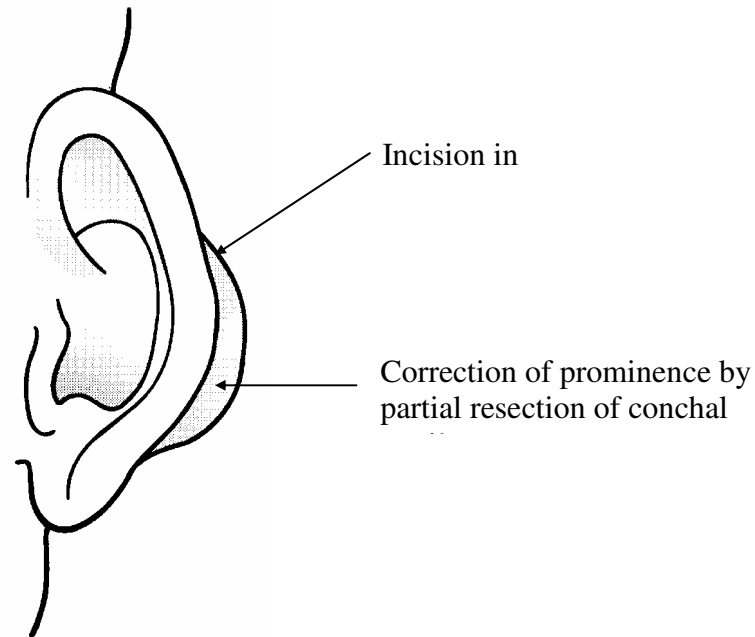
If the operation is to be performed under general anaesthetic or intravenous sedation, separate instructions will be given for fasting prior to the operation. This procedure is most commonly performed as a day surgical procedure and you are not required to be admitted to hospital. However, fasting which means **complete abstinence from food and fluids of all types** should be observed for approximately six hours prior to your theatre time. Further instructions will be given to you by Dr Olbourne's staff.

## What Is Done

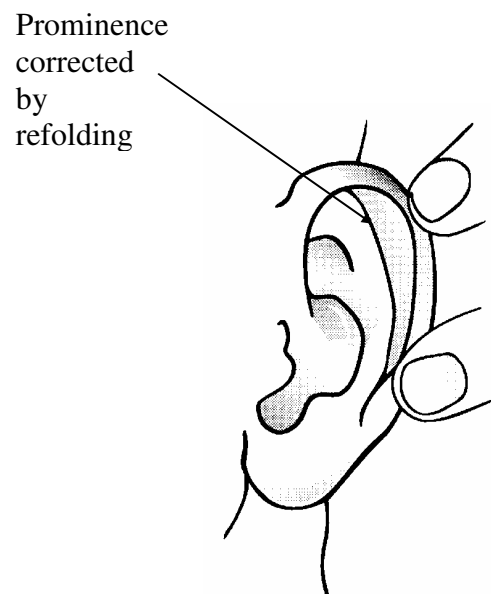
### Incision

The incision is usually placed behind the ear in the fold either adjacent to the skull or on the back of the ear itself. Additional scars may be occasionally necessary on the front of the ear. However these will be discussed with you if they are necessary.

The correction is targeted to the problem cause. With an enlarged concha, part of the conchal cartilage is resected and the remaining ear cartilage is sutured back to the skull. The incision behind the ear is closed with a dissolving suture as shown on the following diagram.



If the antihelical fold needs to be reshaped or refolded, the ear cartilage is then weakened by a series of carefully determined scratches on the front surface. This allows the new fold to form and to be maintained without the need for permanent sutures.



The incision behind the ear is closed with a dissolving suture. It should be remembered that normally shaped ears are not flat against the head, but protrude a little from the side of the head.

The procedure usually takes approximately one hour. After the operation is finished, the folds are held in position with silicone splints each side of the new antihelix fold and sutured in place.

## **Anaesthesia**

In children up to the age of 6 or 7 the surgery is often done under general anaesthetic. In older patients local anaesthetic can be used. If the operation is performed in this way, a long acting local anaesthetic is used and this gives pain relief for up to eight hours after surgery. Usually, but not always, intravenous sedation is used to augment the effects of local anaesthesia. Dr Olbourne will discuss anaesthetic alternatives with you.

## **What Dressing Is Applied**

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. The care of the dressing will be explained, but usually will be removed the day after surgery at which time the ears are inspected to rule out the presence of haematoma or infection. 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.

## **After Surgery - What to Expect**

There is always some pain in the ears after surgery. This is usually of a throbbing nature similar to an infected or traumatised finger. If there has been a general anaesthetic used, the soreness is usually felt soon after you wake. However, if a local anaesthetic has been used, there will be no soreness for approximately 4 to 6 hours. In order to minimise the soreness we ask you to lie with your head elevated or propped up in bed with at least three pillows so that the head is higher than the level of the chest. This will help to reduce the swelling and consequently the soreness after surgery. Pain killers can be taken if the pain is becoming more severe and a prescription will be provided for you. Do not take aspirin for the pain. Severe pain can sometimes occur and this may indicate a problem with bleeding and haematoma. This will be discussed later and it should be reported to Dr Olbourne. Whilst the bandages are on it will be a little difficult to hear normal conversation.

The pain and soreness usually settles in approximately 48 hours. After that time itching is common. Do not use anything (eg pencils) to scratch as this can cause problems with your surgery.

An appointment will be given for you to have the bandages removed the day or so after surgery and at this time the ears will be inspected to make sure all is well. The residual suture under the skin will dissolve and does not need to be removed. Once the bandages are removed you can wash your hair normally using shampoo, although on the first occasion an antiseptic surgical soap is a good idea. The ears should not be pulled forward to wash behind them. Gently massage with the fingertips in the crease behind the ear. The hair should be dried with a hair dryer not too hot as the ear skin will be numb and easily burned.

We recommend wearing a bandage loosely over the ears at night for the first week after the dressings have been removed as this will help prevent any problems with rolling over and accidentally "flipping" out the new ear position. It is also advised that any contact sport be avoided for one month although non-contact sports can be enjoyed in approximately two weeks after surgery.

It will be noticed that the ears are a little swollen and a little bruised. This bruising usually settles quickly within 48 hours if it is present, but the swelling can take several weeks to fully settle. It will also be noticed that the ears are quite tender if bumped and that the rim of the ear is numb. This will begin to settle after four to six weeks but will not fully settle for twelve to sixteen weeks following surgery. This is a normal consequence of the ear setback operation.

## **Complications**

### **Haematoma**

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

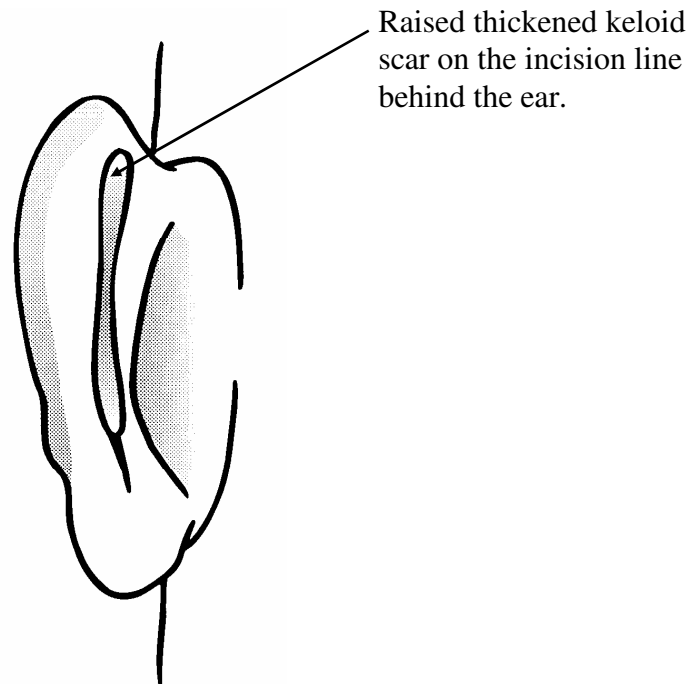
### **Infection**

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 minimised by the washing of the hair with an antiseptic soap pre-operatively. Dr Olbourne may prescribe a course of prophylactic antibiotics after surgery to further minimise the chance of this rare complication. Again pain can be experienced if infection is to develop and Dr Olbourne should be notified if you are concerned.

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## 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 or enlarged, red and very thick and this type of scarring would be able to be felt in the area as shown in the following diagram and it can be quite itchy.



There are small procedures which can be performed to help reduce thick keloid scars such as cortisone injections. These type of scars can develop many months after surgery. However, sometimes keloid scars do not respond to treatment and recur.

## 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.

## **How Much Will The Procedure Cost?**

The costs of this surgery relate to:

- a) surgeon and assistant surgeon
- b) anaesthetist
- c) hospital
- d) ancillary charge (pharmacy, etc)

Dr Olbourne can tell you his fee and give you some indication of the costs of the other people involved in your care.

You must appreciate that the ultimate cost to you will depend on where you choose to go for your procedure and what rebates you will receive from your medical fund and Medicare. This in turn depends on who you may be insured with and what level of insurance you have chosen. Please advise Dr Olbourne if your insurance has a front end deductible cost or "excess". With all the relevant information doctor's office should be able to give you a very close approximation of what your final costs might be.

Private insurance including Medicare may pay the cost of part of the operation, but not the cosmetic part. If so, they would also contribute to the anaesthetic and hospital costs.

It is always preferable to arrange all your finance prior to surgery to avoid unnecessary stress afterwards which will detract from your enjoyment of having achieved your goal.

### **Further Information**

For further information on this or any other cosmetic procedure, feel free to contact our office. Our staff are dedicated to assisting you and will do all they can to make your surgical experience as comfortable as possible.

You can also assist us by advising us of any aspect of your experience that has not been adequately covered in this brochure. We are always seeking to improve the information we give to patients. Your input will help us achieve that goal.

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