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Prominent Ear Correction

In this operation the ear cartilage is folded back to allow the ear to sit in a less prominent position. To gain access to the ear cartilage an incision is made behind the ear.

The operation is performed under a **local anaesthetic** in adults and a **general anaesthetic** in children. For general anaesthetic the anaesthetist will see you and your child before your operation. Discuss any queries you have about the anaesthetic with your anaesthetist. If your child has had any difficulties during a general anaesthetic in the past make sure that both the anaesthetist and the ward doctor know about it.

There will be a **scar** behind the ear almost the full length of the ear. This may be visible from behind. Scars start off red and noticeable. With time they tend to fade. They will never vanish and in some people remain noticeable.

After the operation the ears are dressed up in a large protective head **bandage**. This stays on for a week. It is removed in the plastic surgery department. After it is removed the ears remain tender for a week or two and contact sports or situations where they may get bumped should be avoided. Some people feel comfortable with a soft head band over the ears to sleep for the first while.

Initially the ears are **bruised** and **swollen**. It takes about 3 weeks for the bruising to settle. The swelling will not be completely gone for 3 months or more.

Any operation can give problems with **infection** or **bleeding**. Simple infections settle on a course of antibiotics. Some infections require treatment in theatre. Bleeding is not usual after this operation. Most often padding the head bandage or redoing the head bandage is all that is required. Occasionally a blood clot forms under the skin. This has to be drained and may need to be dealt with in theatre. Severe infections or blood clot against the ear cartilage can permanently damage ear cartilage leaving an ear deformity. This complication is rare.

It is possible for the springyness of the ear cartilage to cause the ear prominence to recur. If this happens a second operation may be necessary to correct the prominent ear satisfactorily.