

Otoplasty

Introduction

Otoplasty is surgery to correct prominent ears. It reshapes the cartilage of the ear and sets the ear back closer to the scalp. You may see it referred to as otoplasty or pinnaplasty. In the vast majority of patients seeking prominent ear correction, the antihelical fold which is the fold of the ear that normally sits just inside the outer rim of the ear, is poorly formed or absent. Less commonly the inner bowl or conchal bowl of the ear is deeper than usual. A combination of both features may be seen, and one ear may be more prominent than the other.

What should I think about prior to my consultation?

Before coming for your consultation, you should think about what you are hoping to achieve from an otoplasty. Points to consider may include:

- Why do I want my ears set back or their shape changed? There are a variety of reasons why you might be seeking an otoplasty consultation. In some cases, the psychological reasons may not be solved with surgery, and if your plastic surgeon feels you might benefit from professional psychological input (instead of, or in addition to surgery), this will be broached during your consultation. Please do not feel offended if this happens, as it is an incredibly important part of the consultation in many cases.
- What in particular about my ears am I unhappy with? It is important to discuss this during the consultation as the planning of your otoplasty may change depending on your individual concerns.
- What changes do I want to the features of my ears that I am unhappy with?
- What are my expectations of an otoplasty operation? Realistic expectations are key to a satisfactory outcome and need to be discussed openly between you and your plastic surgeon.
- Why am I thinking about having an otoplasty at this time in my life? (You should not consider having cosmetic surgery if you are undergoing any instability in your personal circumstances.)

What are the benefits of otoplasty?

Otoplasty surgery will reshape your ears to a more pleasing shape and position. An otoplasty should result in ears that are symmetrical, that sit in a natural position at the

side of the scalp and have a natural appearance. They should have a natural appearing fold. Your ears will not be set right back against the scalp as this does not create a natural or pleasing aesthetic appearance either. Hearing is not affected by otoplasty surgery.

Otoplasty can be performed in children. This is usually done when child is concerned and distressed about their prominent ears. Some may be bullied at school about their ears. In these circumstances, it can be very appropriate to offer otoplasty surgery. Otoplasty is not done at a parent's request if the child is untroubled by their ears. The decision for surgery is a consensus reached after a full discussion and assessment by your plastic surgeon.

What are the limitations of an otoplasty?

The outcome of your operation will be partly determined by shape, size and symmetry of your ears before the surgery. There are variations in the normal range of ear sizes and shapes and therefore there will be variations in individual results after surgery too.

- The ear is not generally reduced in size by the surgery rather the cartilage (the flexible skeleton of the ear that you can feel between the layers of skin) will be reshaped. Occasionally a small piece of cartilage is removed to achieve a better shape but this does not normally result in a significantly smaller ear.
- The location of the ear base is not changed; i.e. it is not moved higher or lower on the side of your head. What is changed is the shape of the protruding part of your ear and its position relative to the side of your head.
- Otoplasty surgery is not suitable for very young children as their external ears will still be developing and growing. Surgery can affect this adversely. They also find it difficult to understand the process and to cooperate with the aftercare needed for a smooth recovery. Otoplasty surgery is not appropriate for a child who is unconcerned by their prominent ears.
- An otoplasty will not correct all developmental problems with the shape or size of the ear. If there are significant structural abnormalities or significant portions of the ear malformed or absent, ear reconstruction may be a more appropriate procedure. In this situation, we may refer you to an ear reconstruction specialist.

What options are there in otoplasty procedures?

All types of otoplasty techniques are directed towards producing the natural and balanced look described above. However, a variety of otoplasty techniques exist to achieve this goal, and whichever technique is chosen, it should be tailored to suit your individual goals and desires. To summarise what happens during the surgery; an incision is made in the groove behind your ear and the cartilage is reshaped to achieve a more pleasing shape and position. The most commonly used techniques are described below, although on occasion other variations are used to achieve the best results for an individual. A small amount of skin may be removed from behind the ear in some cases to achieve a smoother skin closure, but it is not the skin that achieves the correction in ear shape and position. This is achieved by reshaping and repositioning the cartilage of the ear.

Otoplasty procedures may be done under local anaesthetic (while you are awake with the area numbed) or under general anaesthetic (while you are asleep).

Suture otoplasty

In this technique, the cartilage of your ear is reshaped by specially placed internal sutures on the back or underside of the protruding or front side of your ear. This is done via an incision in the crease behind your ear and the sutures create or enhance your ear fold and set the ear back. This is the most common technique used for otoplasty surgery as it is safe and very effective in most situations.

Anterior scoring otoplasty

This technique involves reshaping the cartilage by using a specific way of incising the cartilage so that it tends to bend and form the fold that is missing or deficient. It involves a more extensive dissection of your ear cartilage than the suture technique and thus has a higher risk of some of the potential complications of this surgery. While it used to be the most popular technique for prominent ear correction, it is now generally reserved for very select situations where the suture technique has failed to work or is not suitable to use.

Conchal bowl reduction

In some cases, the ear fold is normally formed but the bowl of the ear is deeper than normal and causes the ear to sit out from the scalp more than usual. In this situation a small ellipse of cartilage may be removed to allow the ear to sit back in a more pleasing

position. This may be done alone or in conjunction with the suture or anterior scoring techniques described above.

Your plastic surgeon will guide you towards the most appropriate technique for your ear shape and surgery goals.

THE CONSULTATION

During your consultation, we will endeavour to put you at ease and start by finding out about your motivation(s) for seeking ear surgery. In addition to clearly establishing the various areas of your ears that you are be unhappy with, we will take a thorough medical history, including any history of high blood pressure, diabetes, other medical conditions, smoking or nicotine use, previous scars or surgery and records of any medication you may be taking and any allergies you may have.

What will be examined for during my consultation?

Your plastic surgeon will do a thorough examination of your ears from all angles. During the examination process, they will assess the size and shape of your ears and the proportions of the various components of the ear. They may measure how far your ears protrude at specific points on each side.

Any asymmetries or factors, that will affect the outcome or type of surgery you may have, will be discussed with you. They may ask to see any scars that you have elsewhere on your body to assess how you normally heal.

Your plastic surgeon will provide you with a professional and honest assessment and discuss frankly the areas that could be improved, as well as the limitations of any procedure. In some cases, they will not recommend surgery, as it will not provide the correct or best solution to the issue troubling you.

Photography

We always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your ears and how they may be affected by otoplasty surgery. They are also used for planning surgery and form an essential part of your medical records. Your consent for the photographs will be obtained.

PREPARING FOR OTOPLASTY SURGERY

People often ask if there is anything they can do to help prepare for an otoplasty procedure. Below are several recommendations:

1. **Stop smoking:** Due to the high risk of wound healing complications with smoking, it is best to stop smoking and all nicotine use for at least 2 months prior to surgery. Smoking not only significantly increases your risks of complications, but the coughing post-operatively that it will cause makes it more likely that you will bleed following the surgery.
2. **Avoid aspirin:** Aspirin and other similar non-steroidal medicines are blood-thinning medicines that will increase the risk of bleeding complications. You should ideally stop these medications for at least 2 weeks prior to your operation. These medicines may also increase the degree of post-operative bruising. Paracetamol is safe to take.
3. **Avoid vitamin E:** Vitamin E may also increase a bleeding tendency, so it should not be taken for 2 weeks prior to surgery. Vitamin C is safe to take.
4. **Do not drink alcohol:** Alcohol increases blood flow, and therefore, the risks related to bleeding complications and bruising are increased if you drink alcohol the night before surgery. We advise that no alcohol should be drunk for at least 2 days prior to surgery.
5. **Colds, flu and other infections:** If you develop any sort of illness prior to the operation please contact your plastic surgeon immediately, as you may need treatment prior to surgery, or alternatively your surgery may need to be put back.
6. **Washing your hair:** Please wash your hair and shower on the morning of surgery.
7. **What to bring to the clinic or hospital:** Please bring a headband e.g. a sports sweatband with you to the clinic or hospital. A dark colour is usually better as small spots of blood may stain it and this is less obvious on a dark colour. If you have long hair, bring a hair-tie to tie it back for surgery.
8. **Planning for surgery:** The hospital or clinic admission date and admission time will be arranged for you. You will be asked to fast for 6 hours prior to the operation (i.e. do not eat anything for 6 hours before the planned time of surgery) if you are having a general anaesthetic. Water may be drunk closer to the time of surgery, however other drinks should be avoided. If you have any doubts or confusion, please ask. If your procedure is under local anaesthetic, you do not need to fast.
9. **Leaving the clinic or hospital after surgery:** Please arrange for someone to accompany you and to drive you home after your procedure even if it has been done under local anaesthetic.

THE OTOPLASTY PROCEDURE ITSELF

Before surgery

We will arrange an appointment with our specialist nurses to help prepare you for surgery (available for adults only). They will discuss how to prepare beforehand, what to expect afterwards and how to look after yourself in the early recovery. If your surgery is under general anaesthesia, you will have a preassessment with the hospital where your surgery is planned or combined with your specialist nurse appointment if your surgery is at Purity Bridge. We will also send you surgery consent forms to complete.

What happens when I get to hospital or clinic?

When you arrive at the hospital or clinic, a nurse will go through the health checks needed on the day of surgery. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment if having your surgery under general anaesthetic (going to sleep for your procedure).

Do I see my plastic surgeon before my operation?

You will always see your plastic surgeon before your operation. We confirm the surgery plan and make sure you have no unanswered questions or concerns. Once you have confirmed you are happy to go ahead, we will ask you to sign a consent form unless you have done so already. We will then carefully draw important markings on your ears in planning for your surgery. We may also take clinical photographs of your markings for your medical records.

What does the operation involve?

The procedure can be performed under a general anaesthetic (with you asleep) or under local anaesthetic (whilst you are awake with your ears numbed) as a day case procedure. You will be given a time to arrive at the clinic or hospital and you should be fasted for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may, however, drink water during this time up to the specific time that you are instructed to.

Once you are carefully positioned, your plastic surgeon will do careful markings on your ears as part of the planning of your surgery. They will then inject your ears with a solution containing local anaesthetic and adrenaline. This helps to minimise bleeding during the operation. Once this is done, your ears will be thoroughly cleansed and sterile drapes placed around them and around your head and upper body.

The skin incisions are then made and reshaping of the ears is performed. After this is complete, the skin incisions are carefully stitched and cleaned. A small dressing will be placed in behind your ear. This may be sutured in place. Your headband will then be placed around your head covering your ears.

How long does the surgery take?

The length of time an otoplasty takes varies depending upon what technique is used and if additional procedures are being performed. The range is usually from 60 to 120 minutes. This may be longer if multiple other procedures are being performed.

Will it be painful?

Otoplasty surgery, like any operation, will produce some pain, but it is usually mild to moderate and should be relieved by painkillers. Stronger pain relief is available if required. Avoiding bending, stooping and heavy lifting will help to reduce swelling and thus pain.

What else can I expect after surgery?

It is normal that both ears are swollen and bruised. You may have a small ooze of blood from your ears for the first 24 to 48 hours after surgery. This should not be excessive and should stop of its own accord.

When will I leave the clinic/hospital?

Otoplasty surgery is typically performed as day case surgery. Clothing tops that zip or tie at the front are better to wear than tops that need to be pulled on over your head.

What else can I expect after surgery?

You should be able to walk around gently later the same day of surgery. If having your surgery under general anaesthetic, you will also have compression stockings on your legs that will have been fitted prior to surgery - it is vital that you keep these on and continue to wear them for 2 weeks after your operation. They have an important role in minimising the chances of developing blood clots in the legs.

What should I do when I get home?

Upon leaving the hospital or clinic, a series of outpatient appointments will be made for you with our nurses over the first 2 weeks for suture removal, wound checks and recovery checks. (See example schedule further down) and then with your plastic surgeon at 4 to

6 weeks. We have also put together a list of 'Dos and Don'ts' after breast augmentation for you to follow.

Dos and Don'ts after surgery

There are several things that you can do to help speed up your recovery from surgery:

- Take things easy & slowly after surgery particularly during the first 3 to 4 days. Gentle pottering about, no heavy lifting or jumping up and down for first 2 to 3 weeks. Restrict your normal activities (do not "over do it"). A balance between taking things easy and being up and about needs to be reached. As you recover, you will be able to increase the amount you do. This helps to minimise the amount of swelling that develops after surgery and thus your discomfort.
- Avoiding bending or stooping and keeping your head elevated as much as possible e.g. sleeping on extra pillows helps keep swelling down.
- Sleep on your back, ideally elevated with an extra pillow or two. A triangular pillow can be helpful for this.
- Wear your headband 24 hours a day for as long as instructed by your plastic surgeon. This varies from 48 hours to 1 week. It then needs to be worn at night for 6 weeks. This prevents your ears from being bent the wrong way while you are sleeping which can damage them in the early stages of recovery.
- Allow 6 weeks before returning to most forms of exercise
- Allow 8 weeks before returning to contact sports
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort – please take painkillers regularly for the first 3 to 4 days. After this, you will still need to take painkillers but may not need them as often.
- It is important to drink plenty of fluids and eat a balanced healthy diet. Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- Generally, visible swelling and/or bruising is present for about 2 weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but can take up to 3 to 6 weeks to settle to discrete levels. The swelling and bruising drifts down from the ear and may appear just below or to the side over the first 2 weeks and often one ear can be more bruised and swollen than the other. You need to be patient and give yourself time to heal.
- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: "what have I done?" and experience feelings of guilt and low self-esteem. It can often

take some time coming to terms with the “new you”. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

Over the first week you will start to feel much more comfortable, and the pain will continue to subside.

What is the recovery period?

You will be able to return to sedentary activity (i.e. an office job or light duties) at 1 or 2 weeks after surgery, depending on how you are feeling. You should not feel reluctant to take the painkillers that you have been sent home with if you have pain – there is no need for you to be in significant discomfort.

Occasionally, there may be an area of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may “spit” out of the wound (much in the same way as a splinter may start to work its way out of your finger after it has been there for a few days). This can be dealt with easily, and if necessary, your plastic surgeon can remove any spitting stitch in the outpatient clinic.

How long before daily activities may be resumed?

You should avoid all heavy physical activity and contact sports for 6 weeks following the surgery to prevent damage to your ears. Light exercise, such as gentle sessions on an exercise bike can be started around 4 weeks. Starting any earlier than this may result in more swelling to the area around your ears.

How can I achieve the best possible scars?

At around 2 or 3 weeks after your operation, regular daily moisturising and massaging of the scars is important to help the scars to soften and mature as quickly as possible. This should be done twice a day or more once your scars are healed enough to start, until any redness disappears from the scar (which may take up to a year in some people). There are several creams and oils that may be used e.g. vitamin E cream but the most important thing is to use an unperfumed product initially to avoid irritation of the scar.

In addition, silicone products (gels and tapes), which are available at Purity Bridge and most pharmacies, are an excellent additional means of ensuring good scars. These products are applied directly onto the scars and should be used for as near to 24 hours a day as possible. They will need to be used for several months to have a good effect.

Time for shape to settle

It can take around six months (sometimes longer) for shape to fully settle after an otoplasty. Your ears will feel very stiff and probably numb during this period but will gradually soften and feel more normal.

Summary of typical timeline following operation

Follow up and recovery timeline

We have put together an example timeline below of recovery milestones and follow up appointments after otoplasty surgery. Your individual schedule can vary from this, but it will give you a good idea of what to expect in the early recovery.

Day of surgery	Review in Purity Bridge or the hospital by your plastic surgeon for surgical planning and surgery itself
Week 1	Reduce activity and rest Regular analgesia Wearing of headband 24 hours a day as specified by your plastic surgeon
Week 1-2 after surgery	Nurse appointment to check on wounds and recovery
Week 2-3	Start to moisturise and massage scars (should be continued until scars fade)
Week 4-6	Review with your plastic surgeon
Week 6	Exercise/heavy physical activity may gradually be started Can stop wearing headband at night
Beyond 6 weeks	Longer term follow-up appointments will be arranged by your plastic surgeon to ensure you achieve the best possible outcome

SIDE EFFECTS AND POTENTIAL COMPLICATIONS

Before you decide to undergo otoplasty surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

After an otoplasty, there are side effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

Commonly experienced side effects after otoplasty surgery

Swelling

This is normal following an otoplasty and reaches a maximum around 3 days following surgery before starting to settle down. Noticeable swelling usually lasts 2 to 3 weeks (occasionally 6 or 8 weeks in some patients) but it will be reducing gradually after the initial period during the first week. Commonly, the swelling subsides at different rates on each side, which is quite normal and nothing to worry about. The final residual swelling can take about six months to fully resolve.

Alteration in skin pigmentation (discolouration and bruising)

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. These problems are more often seen in patients with thin, hypo-pigmented and transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Arnica may be helpful to settle bruising quicker.

Light wound discharge

It is reasonably common to have some light blood staining on the dressing or headband during the first few days after surgery. This usually settles and should not be excessive. If it persists or is more than expected, please contact the clinic or hospital in case you need to be reviewed earlier than your planned check.

Loss of or increased sensation

You may have a change in skin sensation after an otoplasty surgery. Feeling will usually return to normal over a period of 3 to 12 months but can take longer. Unusual sensations can be experienced while skin sensation is returning. On rare occasions sensation can be increased and sensitive and this will slowly return to normal over a period of weeks to months.

Stiffness of your ears

Your ears will feel very stiff and inflexible in the early stages after surgery. This will gradually soften out as you heal over about 6 months. Do not test the flexibility of your ears in the early stages as this can break the stitches holding your new ear shape in place while you heal.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

Although extreme care is taken to minimise bleeding, occasionally a blood vessel will start to bleed after the operation producing a swelling or collection of blood (haematoma). The haematoma is usually noticed within the first 24-48 hours after surgery and usually requires further surgical exploration to drain the collection of blood and stop the bleeding. Untreated, a significant sized haematoma can affect healing or damage the overlying skin and affect the quality of your result. Disclosure of all medications and supplements to us before surgery is important as some can increase bleeding and bruising after surgery. If there is any suggestion that bleeding or a haematoma into one of your ears has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and your ear washed out to evacuate the collected blood. Signs that a haematoma is developing include: swelling of one of your ears, pain on one side and the development of severe bruising around the ear.

Infection

Rates of severe infection in otoplasty are low. However minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required. A severe infection can damage the cartilage but these are rare.

Blood clots

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Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after otoplasty particularly when done under local anaesthetic. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches, from overdoing it straight after surgery, some medical conditions or medications, poor nutrition or for no specific reason other than human variation. Normally this is a minor inconvenience, which can be managed with dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Suture spitting

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured.

Persistent swelling

Swelling to the ears is normal after an otoplasty operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases, it can be more severe and persist longer than usual.

Skin necrosis

This is when the skin of the ear does not tolerate the surgery well and is damaged to the extent that a small area dies. It is quite rare in otoplasty surgery but is more common if a severe infection or bleeding after the surgery has occurred. Dressings for a period of time or on occasion further surgery may be required. Residual scarring may be present in the area in the long term.

Late complications (more than 6 weeks from surgery)

“Telephone” deformity

This is when the upper part of the ear and the ear lobe are more prominent than the middle part of the ear after surgery resulting in the so-called telephone deformity. Further surgery may be needed to correct this.

Asymmetry

Everyone has a degree of ear asymmetry (differences between your ears). If this is mild, no special steps are taken to address this, and the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your ears, how best to address this will be discussed with you, often with the use of a variety of surgical techniques. Every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each ear and these must be accepted as part of normal anatomy and healing. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation). Should you be in this situation, you will be carefully examined and the situation will be discussed with you. Further surgery is sometimes needed.

Numbness or hypersensitivity

The ear skin may be numb or over sensitive in the aftermath of surgery. This feeling usually normalises eventually but can take several weeks or even months in some cases. Occasionally sensation does not return normally.

Buckling of the cartilage or unnatural appearance of the fold or rim of the ear

Ears can vary in size and shape between people and from side to side. While otoplasty usually reshapes the fold and rim of the ear in a natural way, in a small group of people the cartilage does not fold as desired, and a buckle or less natural appearance of the ear fold or ear rim can occur. Further surgery may be needed to alter this.

Scarring problems

Otoplasty scars will fade but this can take 1-2 years. Until this time scars may be red and firm. Regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Rarely stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Ears are at higher risk of keloid scars than other body areas. Should these occur, the best ways of treating them will be discussed with you. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Internal suture extrusion

The internal sutures used to reshape your ear are often permanent non dissolvable sutures that are planned to stay in place. Occasionally, one of these sutures can work its way to the surface and become visible or extrude. It will be removed if this is the case and if early on, it may need to be replaced to hold the new shape of your ear.

Under-correction

While every effort is made to achieve the correct balance between setting your ears back enough to achieve the desired result and still allowing for a natural appearance, occasionally not enough of a set back of your ears is achieved. This may require a further surgery to achieve the desired result by repeating part of the procedure.

Over-correction

Rarely ears are set back too far and may require further surgery to achieve a more natural shape and position. This can be difficult to correct.

Unhappiness with the shape or size of ears

While otoplasty alters the position and shape of your ears, it alters the size of your ears very little if at all. There are many variations in size and shape of ears between people and as a result there are many variations in shape after otoplasty surgery too. While every

effort will be made to achieve your desired result, sometimes the natural shape of your ears or the thickness of the cartilage in your ears will affect the type of shape or the degree of change that is possible with an otoplasty.

Recurrence of prominent ears

Although the effects of otoplasty surgery are permanent in most cases, a recurrence rate of up to 10% has been reported in the medical literature. This means that the ear becomes prominent again despite the surgery. It may be due to the internal sutures breaking due to a knock to the ear or being weakened by an infection or bleeding in the ear after surgery. Sometimes the cartilage is stronger than usual and can overpower the corrective effect of the sutures. This can be corrected by a further surgery in most cases.

Chronic pain

Occasionally patients suffer from chronic pain after otoplasty surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain conditions prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term or surgery for a shape concern in the long term.

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to problems during the recovery or due to irregularities or asymmetries. In some cases, this unhappiness is a result of unrealistic expectations not being met; hence the importance of an understanding between you and your plastic surgeon about what is realistically achievable (and not achievable) through an otoplasty. No-one can guarantee a “perfect ear” after otoplasty surgery, and an understanding of what is achievable in your particular case is essential prior to undergoing surgery. Should you have a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be incurred for further surgery, and this will be discussed with you.

CONCLUSIONS

Reshaping and repositioning of ears with an otoplasty can have a very beneficial effect on your symptoms and confidence. We hope this information has helped you to understand what otoplasty can achieve and what is involved.

