



Dr Wei-Han Chen Plastic Surgery Inc.

Ground floor Suite 3, Netcare Rosebank Hospital
11 Sturdee Avenue, Rosebank, 2132
Website: www.whcplasticsurgery.co.za
Tel: +27 11 328 0500
Email: weihanchen@whcplasticsurgery.co.za

Ear Correction Surgery (Otoplasty)

Patient information leaflet

This leaflet provides general information about ear correction surgery. It does not replace a personal consultation, examination, or the consent process with your surgeon. Your recommended procedure, recovery, and risks will depend on your age, health, ear anatomy, and the surgical technique used.

What is otoplasty?

Otoplasty, sometimes called pinnaplasty or ear pinning, is an operation that changes the shape, position, or proportion of the outer ear.

It is most commonly performed to:

- Position prominent ears closer to the head
- Create or improve the natural folds of the ear
- Correct differences in the size or shape of the ears
- Improve asymmetry between the ears
- Reconstruct an ear affected by injury or a congenital difference

The size and shape of the ears are often inherited. Prominent ears commonly result from differences in the development of the ear cartilage rather than from anything a person or parent has done.

Why might someone consider surgery?

Prominent or unusually shaped ears do not usually cause a physical health problem. However, they may cause self-consciousness or emotional distress.

Children with prominent ears may experience teasing or bullying. Adults may also remain sensitive about the appearance of their ears.

Surgery should be considered because the patient wants the change—not solely because someone else recommends it. A child should be old enough to understand the proposed operation, cooperate with postoperative care, and express a consistent wish to proceed.

At what age can surgery be performed?

Ear correction surgery is generally not recommended for children younger than five because the ears and cartilage are still developing.

From approximately five years of age, the ears are close to adult size and the cartilage may be firm enough to hold a corrected shape. Suitability depends on the individual child's development, emotional readiness, and wishes.

There is no upper age limit. Teenagers and adults may also undergo otoplasty if they are medically suitable and have realistic expectations.

What can surgery achieve?

The aim is to produce ears that:

- Are less prominent
- Have a natural-looking shape and curve
- Are more balanced with the face and head
- Are reasonably similar to each other

Perfect symmetry is not a realistic expectation. Most people naturally have differences between their ears, and some asymmetry will remain after surgery.

The final position and shape of the ears cannot be guaranteed. In some cases, part of the original prominence may return over time.

Your consultation

During your consultation, your surgeon should:

- Ask what concerns you about your ears
- Discuss what improvement you hope to achieve
- Review your health, medicines, allergies, and previous operations
- Examine the size, shape, position, cartilage, and symmetry of both ears
- Explain the recommended surgical technique

- Show you where the scars are likely to be
- Discuss the expected result, limitations, recovery, and risks
- Explain the alternatives, including having no treatment
- Give you sufficient time to ask questions and consider your decision

For a child, the surgeon should speak directly with both the child and their parent or guardian. The child's own feelings about surgery are important.

How is the operation performed?

The precise technique depends on the shape and firmness of the ear cartilage.

The surgeon will usually make an incision in the natural crease behind the ear. Through this incision, the cartilage may be:

- Reshaped or folded
- Scored or weakened so that it bends into a new position
- Secured with internal stitches
- Partially removed when necessary
- Positioned closer to the side of the head

The skin is then closed, usually with dissolvable stitches. Some techniques use permanent internal stitches to maintain the new cartilage shape.

The scar is normally positioned behind the ear, although additional small scars may be necessary for certain corrections.

Anaesthesia and hospital stay

Children usually have the operation under general anaesthesia. Older teenagers and adults may have either general anaesthesia or local anaesthesia, sometimes with sedation.

The operation commonly takes approximately one to two hours, although this varies.

Otoplasty is often performed as a day procedure. Some patients may stay overnight depending on their age, health, type of anaesthetic, extent of surgery, and the surgeon's usual practice.

Dressings and headband

A padded dressing or head bandage may be applied after surgery. This helps to:

- Protect the ears

- Reduce swelling
- Support the new ear position
- Prevent the ears from being bent while sleeping
- Reduce the risk of accidental injury

Do not remove, adjust, or disturb the dressing unless your surgical team advises you to do so. Keep it clean and dry.

The initial dressing is commonly worn for about five to ten days. After it is removed, you may be asked to wear a soft headband at night for several weeks. Instructions vary, so follow the advice given by your surgeon.

Contact the surgical team if the dressing becomes wet, slips, feels excessively tight, or causes increasing pain.

What should I expect after surgery?

It is common to experience:

- Aching, tenderness, or a feeling of pressure
- Swelling and bruising
- Numbness or tingling
- Itching beneath the dressing
- Temporary stiffness of the ears
- Ears that initially look swollen, uneven, or too close to the head
- Small amounts of blood staining on the dressing

Discomfort can usually be controlled with the pain medicine recommended by your surgeon. Do not take aspirin or other medication that may increase bleeding unless your clinician has told you to do so.

Swelling and bruising usually improve gradually over the first two weeks. Numbness, tenderness, or stiffness may take several weeks or months to settle.

The final result should not be judged immediately. The ears need time to soften and settle into their new position.

Returning to normal activities

Recovery varies between patients. Your surgeon will give you instructions suited to your operation.

As a general guide:

- School or non-strenuous work may be resumed after approximately one to two weeks.
- Hair washing should wait until your surgeon confirms that the dressing can be removed and the wounds may get wet.
- Swimming is usually avoided for approximately four to six weeks.
- Vigorous exercise and activities that could bend or injure the ears should be avoided until your surgeon approves them.
- Contact sports may need to be avoided for approximately six to eight weeks or longer.
- Earrings, headphones, helmets, or tight headwear should not be used until your surgeon says they are safe.

Children should be supervised carefully during play and should avoid rough activity while the ears are healing.

Scars

Otoplasty leaves permanent scars, usually in the crease behind each ear. These are generally well concealed and normally fade with time.

Some people develop scars that become raised, thick, red, itchy, painful, or wider than expected. These are known as hypertrophic or keloid scars and may require additional treatment.

Risks and possible complications

Although most patients recover without a serious problem, all operations carry risks.

Possible complications include:

- Bleeding
- A collection of blood beneath the skin or cartilage called a haematoma
- Infection of the wound
- Infection or inflammation of the ear cartilage
- Delayed wound healing or skin breakdown
- Pressure injury caused by a tight dressing