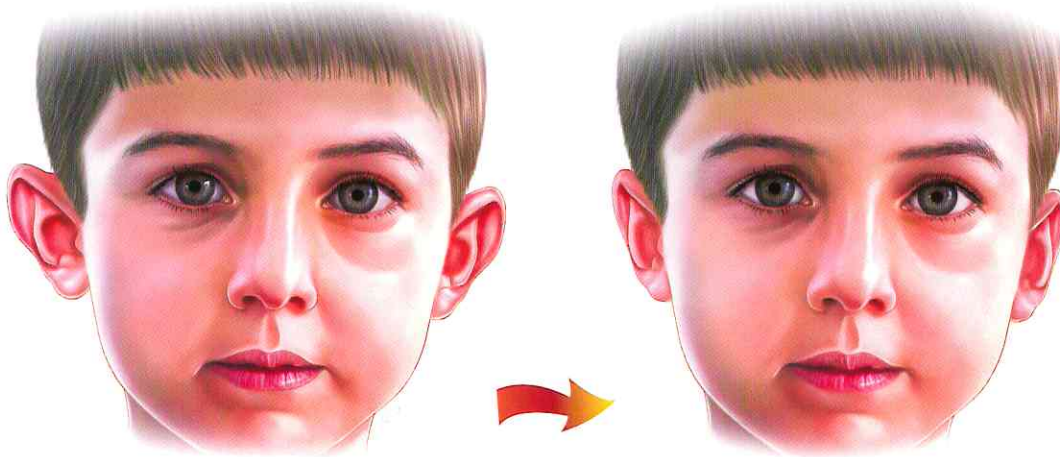


OTOPLASTY – PLASTIC SURGERY OF THE EARS

Patient information to assist informed consent



Otoplasty allows the external flap of the ear (pinna or auricle) to lie closer to the side of the head.

Some children and adults are unhappy with the shape of their ears because they are too big, stick out too much or are uneven in shape (asymmetrical). Teasing and taunts may result in a loss of self-confidence in these individuals. Surgery to make the ears appear more normal can help to restore self-confidence.

Otoplasty is a surgical procedure to change the angle and shape of protruding or uneven ears in children and adults. Otoplasty is also called “pinning back the ears” or correction of “bat ears”. You may hear your surgeon use these specific terms.

During otoplasty the surgeon reshapes part of the cartilage in the ears,

allowing them to lie closer to the side of the head.

An advantage of otoplasty in children is that a child's ear cartilage is soft and easily moulded.

In teenagers and adults, the firmer cartilage of fully formed ears does not allow the same degree of moulding found in children. However, otoplasty can still be effective in teenagers and adults.

Plastic surgery can also help improve many types of outer ear malformations that may be congenital or due to injury. Outer ear malformations can range from complete absence of one or both ears, to a minor deformity of a small part of the ear.

TALK TO YOUR PLASTIC SURGEON

This pamphlet is intended to provide general information. It is not a substitute for advice from your plastic surgeon and does not contain all known facts about otoplasty or every possible side effect.

If you are not sure about the benefits, risks and limitations of treatment, terms used in this pamphlet, or anything else, ask your plastic surgeon.

Read this pamphlet carefully, and save it for reference. Technical terms are used that may need further explanation. Write down questions you want to ask, and discuss them with your surgeon.

You are encouraged to discuss fully with your surgeon:

- the result you want
- the treatment to be done and why
- the likely outcome you should expect.

Use this pamphlet only in consultation with your surgeon.

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask the patient to sign the sticker to confirm receipt of the pamphlet.

TREATMENT INFORMATION PAMPHLET

PEEL HERE

PROCEDURE: _____

PATIENT'S NAME: _____

DOCTOR'S NAME: _____

EDITION NUMBER: _____ DATE: DD / MM / YYYY

Your Plastic Surgeon

AUSTRALIA PLASTIC
SURGERY

THE DECISION TO HAVE TREATMENT

A decision about otoplasty should only be made after discussion with your plastic surgeon. The decision whether to have otoplasty should not be made in a rush.

Make a decision only when you are satisfied with the information you have received and believe you have been well informed. Your surgeon will be pleased to discuss the benefits, risks and limitations of otoplasty.

When making the decision, keep in mind that your surgeon cannot guarantee that otoplasty will meet your expectations and that it bears no risk.

Read the sections on general risks of surgery and specific risks of otoplasty on page 4.

Realistic expectations: Patients who are healthy and have realistic expectations about what the surgery can achieve are suitable for otoplasty.

Otoplasty is an elective procedure, meaning that it is a matter of choice and not necessary for good health. Not everyone will get the same results from otoplasty.

Consent form: Should you decide to have surgery, your surgeon will ask you to sign a consent form. Parents will need to give written consent for a child. Before signing, read it carefully. If you have any questions, ask your surgeon.

TIMING IN CHILDREN

The timing of otoplasty in children is important. Many surgeons recommend that the child should be about five to seven years of age because:

1. the ear is about 90% fully grown. This allows the surgeon to accurately assess the final shape and size of the ear.
2. the ear's cartilage is still fairly pliable and easier for the surgeon to reshape.
3. the psychological benefits of cosmetic improvement during the early years of primary school can be substantial due to

the avoidance of teasing, insulting names and emotional distress.

Surgery before the age of five is usually not recommended because the cartilage is often too soft and the outer ear is smaller than the adult size.

It is important that otoplasty is not performed before the child is old enough to comprehend the surgery, and is able to cooperate with the anaesthetist and any post-operative appointments or treatments.

A child's feelings about otoplasty need

to be considered thoroughly. A child should not be forced to have the procedure. If the child opposes surgery, then many surgeons recommend delaying the procedure until the child is ready for it.

Children are usually more accepting of the treatment and more pleased with the outcome when they are involved in the decision-making process.

Timing of the procedure in your child's case can be further discussed with your plastic surgeon.

BEFORE SURGERY

The surgeon needs to know your (or your child's) medical history to plan the best treatment. Fully disclose any health problems. Some may interfere with surgery, anaesthesia and aftercare.

Before surgery tell the surgeon, if you (or your child) have had:

- allergies or reactions to antibiotics, anaesthetic drugs, any other medicines, surgical tapes or dressings
- prolonged bleeding or excessive bruising when injured
- previous problems with blood clots in the lungs or deep veins of the legs (DVT)
- recent or long-term illness
- psychological or psychiatric counselling or treatment
- keloid or hypertrophic scars or poor healing of scars after previous surgery.

Tests can identify problems that could complicate surgery or anaesthesia. Your surgeon or anaesthetist will give

you instructions about preparing for any procedures or tests.

Give the surgeon a list of ALL medicines you are taking or have taken recently. Include medicines taken for long-term treatments such as insulin, warfarin and contraceptive pills, and medicines bought "over the counter" without prescription.

Some medicines increase the risk of bleeding during and after surgery. Tell your surgeon if you take aspirin, anti-inflammatory medications (such as ibuprofen), vitamin E, herbal medications or garlic tablets. (Children younger than 16 years should not take aspirin, except in unusual cases on the advice of a medical practitioner.)

If you are on medication to help prevent a blood clot (such as aspirin, Warfarin, Plavix or similar medicines), seek the advice of your surgeon and prescribing doctor about whether the dose should be changed or the medication stopped. Discuss this carefully with your surgeon.

Before and after otoplasty, photographs may form part of your medical records.

Most patients can have the procedure as outpatients in a hospital or day procedure centre. However some may be admitted as inpatients and stay for a night in hospital.

Smoking

Stop smoking at least six weeks before and after surgery. Smoking increases the risks associated with surgery and anaesthesia, and impairs healing. It is best to quit smoking.

Anaesthesia

Modern anaesthesia is safe but does have risks. Most patients undergoing otoplasty usually receive general anaesthesia. In certain patients, the surgery may be performed using local anaesthesia and conscious sedation (where they will be awake but sedated, with injections to numb the surgery site).

Your anaesthetist and surgeon can provide more information.

SURGICAL PROCEDURES FOR OTOPLASTY

The surgeon makes an incision behind each ear near the fold where the ear joins the head. This incision exposes the cartilage of the ear.

The surgeon has several treatment options to pin back protruding ears, as follows.

- The surgeon may use a scalpel or similar instrument to make a shallow cut ("score") to the ear cartilage, allowing the cartilage to bend into a more natural shape. Stitches hold the ear cartilage in its new position.
- The surgeon may remove a piece of skin and use permanent stitches to fold the cartilage back on itself to reshape the ear without removing any cartilage.
- The surgeon may remove a piece of ear cartilage and skin to achieve the desired shape before securing the ear to its new position with permanent stitches.

Finally, the surgeon closes the skin incision using stitches that either dissolve or are removed 10 to 14 days after surgery. Otoplasty surgery usually takes one to two hours, depending

on the complexity of the case. An especially complex case may take longer.

As a range of otoplasty techniques are available, your surgeon can explain the best procedure for you in further detail. Each patient has individual requirements.

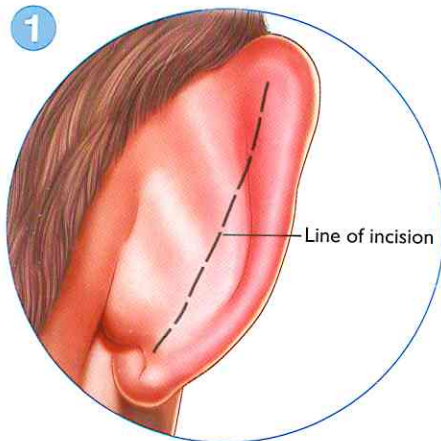
SURGERY FOR UNEVEN EARS

If the size and shape of the ears do not match, the surgeon may use one of the options described above on only one ear to make it more similar in shape and appearance to the other ear. Alternatively, the surgeon may operate on both ears but use different options on each ear to achieve an even appearance.

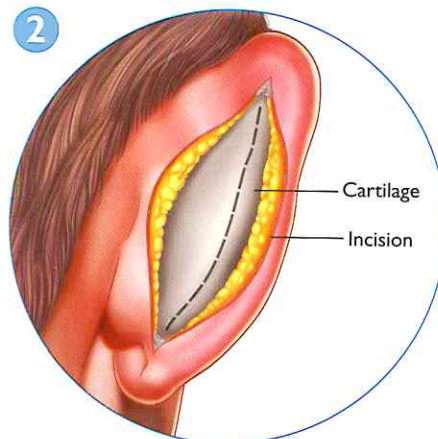
RANGE OF TECHNIQUES

More than 200 otoplasty techniques have been described, but most surgical advances are minor modifications of techniques described many years ago.

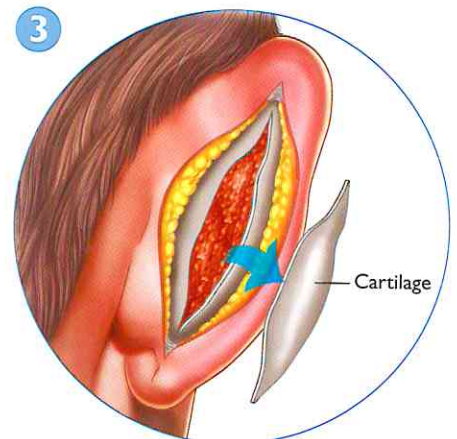
These techniques can be categorised as cartilage-cutting or cartilage-sparing. Many approaches combine elements of both. Each is effective and reliable, with few complications.



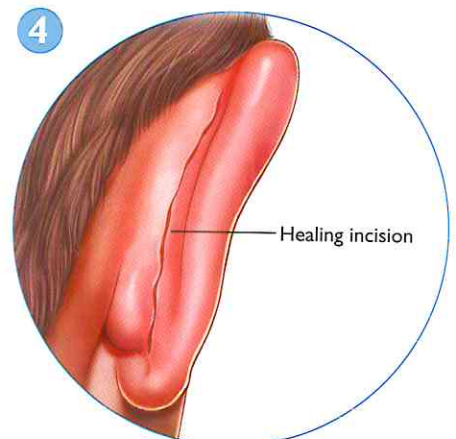
1 The surgeon makes an incision behind each ear and removes an ellipse of skin.



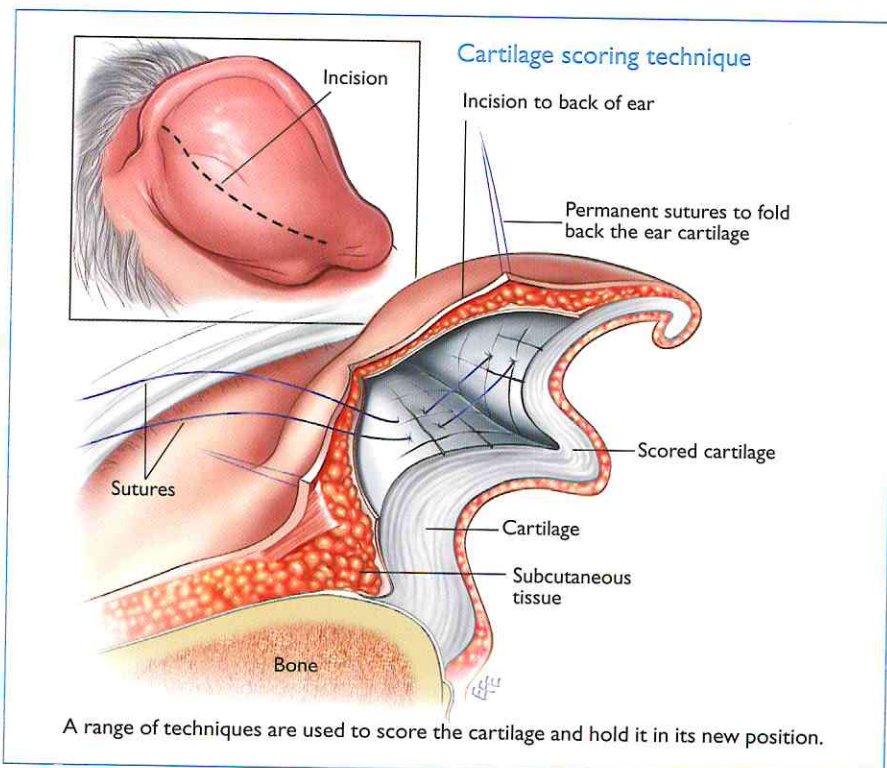
2 The cartilage is exposed.



3 The surgeon scores the cartilage, allowing it to bend into a more natural shape. A small piece of cartilage may be removed.



4 The surgeon closes the incision using stitches that either dissolve or are removed 10 to 14 days after surgery.



RECOVERY FROM SURGERY

Day patients may be ready to go home a few hours after surgery. A few patients remain in hospital overnight until effects of the general anaesthetic wear off.

Arrange for someone to drive you to and from the hospital. A responsible adult should stay with you for at least 24 hours after you return home.

Ensure that you have an emergency telephone number for your surgeon or the clinic.

After surgery a bulky bandage will cover your ears to assist moulding and healing. The bandage will remain in place for up to 10 days. Your surgeon will remove the bandage and give advice on hair washing.

The surgeon may recommend wearing of an elastic headband at night to protect the shape of the ears. Sleeping with the head elevated on two pillows may reduce swelling.

Increasing pain may mean that swelling of one or both ears is making the bandage too tight. Increasing pain can also be a symptom of infection or bleeding. Gradually, pain and discomfort should ease after the first week.

Pain and discomfort are to be expected for the first few days after surgery. Paracetamol is usually enough to relieve pain. Your surgeon can prescribe stronger pain relief, if needed.

After the surgeon removes the bandage, the ears may be bruised, swollen and tender. Unevenness is

common in the first days after surgery and usually resolves with time. Several weeks may pass before the final shape and contour are evident.

For several weeks after surgery, avoid activities that might bend or hurt the ears, such as contact sports.

Most adults can return to work within five days, but many wait until the bandage is removed. Children can go back to school after seven days but must be careful in the playground.

Avoid wearing earrings for several weeks after surgery. Swelling may make it difficult to insert or remove earrings. Infection is also a risk.

Your surgeon will recommend when to resume normal activities and will arrange a follow-up appointment.

POSSIBLE COMPLICATIONS OF OTOPLASTY

All surgery carries some degree of risks. Despite the highest standards of surgical practice, complications can occur.

It is not usual for a surgeon to outline every possible side effect or rare complication of a procedure. However, it is important that you have enough information to weigh-up fully the benefits, risks and limitations of surgery.

If you have concerns about possible complications, discuss them with your surgeon. It may be helpful to prepare a list of issues and questions before meeting with your surgeon. The following possible complications are listed to inform you and not to alarm you.

There may be others that are not listed.

General risks of surgery

- Wound infection may require treatment with antibiotics. Severe infection may delay healing and cause scarring. Rarely, further surgery may be needed to treat the infection.
- Blood can collect under the skin and may require surgical drainage. Bruising may be significant but resolves over time.
- Risks of general anaesthesia, including chest infection, sore throat (caused by the breathing tube during anaesthesia) and other complications. Your anaesthetist can explain further.
- Keloid scars or hypertrophic scars: While most scars fade and flatten over

six months to a year, some may become raised, itchy, thick and red. Additional surgery or injection treatment may be needed to try to improve the scar. A keloid or hypertrophic scar can be annoying but is not a threat to health. Such scarring is often influenced by hereditary factors.

Specific risks of otoplasty

- Both ears may not match perfectly because exact symmetry is unlikely and unnatural. Further surgery may be needed to correct symmetry problems or irregularities in the cartilage.
- Re-protrusion of one or both ears may occur and require further surgery.
- One or both ears may be over-corrected; that is, they are too close to the head. While some patients are pleased with this, the surgical result may not look natural. Further surgery may be needed to reverse the over-correction.
- Rarely, revision ear surgery may be needed due to a variety of problems during healing.
- Nausea and loss of balance, related to fluid accumulation within the inner ear, can occur. This is usually temporary, lasting until swelling reduces.
- Temporary loss of sensation can occur in the skin around the surgical site and the surface of the ears. In most cases, sensation returns, but loss of sensation can be permanent.
- Increased sensitivity to cold or touch.

■ Small areas of skin overlying the cartilage of the ear may die, resulting in the formation of an ulcer that may take several weeks to heal. Usually an ulcer heals satisfactorily with dressings, but an area of increased scarring may sometimes be the result.

REPORT TO YOUR SURGEON

If you have any of the following signs or symptoms, report them to your plastic surgeon at once:

- temperature higher than 38°C or chills
- increasing blood stains on bandages or bleeding
- severe pain or tenderness
- redness around incision lines that is spreading
- loss of balance that persists
- feeling dizzy, faint or short of breath
- any concerns regarding your surgery.

COSTS OF TREATMENT

Ask your surgeon to provide an estimate of the surgical, anaesthetic and hospital fees that may apply. This can only be an estimate because the actual treatment may differ from that proposed. If further treatment is needed because of complications, extra costs are likely to apply. Currently in Australia, otoplasty is not covered by Medicare or health funds for patients who are over 18 years old. It is best to discuss costs before treatment rather than afterwards.