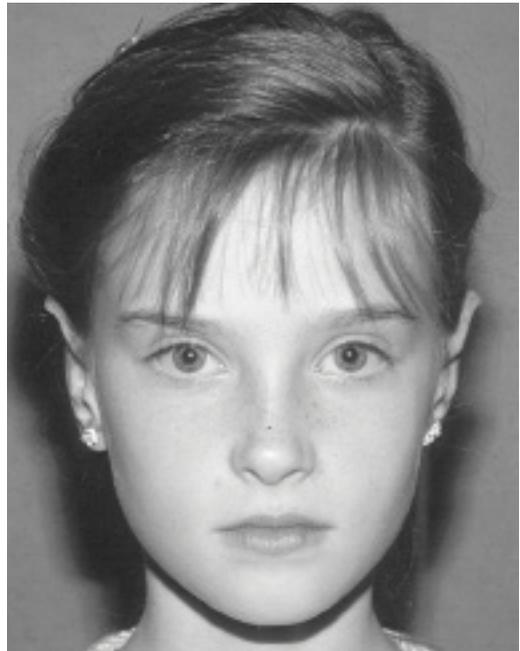


Surgery For Protruding Ears



Large or protruding ears can be repositioned with the Otoplasty procedure. Although the size of the ears are not changed, they assume a much more natural relationship to the head.

Otoplasty

Otoplasty is the name of the procedure designed to reposition or “pin back” protruding ears.

This deformity often causes deeper emotional upset than is generally realized by the patient’s friends or parents. Because the visual and psychological improvement following the operation is usually dramatic, it is rewarding to the patient, the family, and to the surgeon.

In children the surgery is preferably done before they begin school, to avoid classroom teasing and “nicknames,” but it can be done at any age. By the age of six (6) the ears have reached about 90 percent of their adult size, so little growth of the ears occurs after this time.

Because the anterior one-half of the head develops embryologically from two

sides, rarely are the two ears identical prior to surgery. If they are not, chances are there will also be some differences in them after surgery.

Before birth, during embryonic development, everyone’s ears project straight out away from the head. But by the ninth month, they usually assume a position closer to the head and develop the natural folds and convolutions. In patients whose ears are too prominent and lack the usual folds and convolutions, this aspect of the developmental process stopped short of completion.

The otoplasty procedure is designed to “complete” the developmental process by positioning the ears closer to the head and attempting to create the folds by placing sutures in the ear

cartilages so that they can “heal” in their desired position.

When the ear cartilage is thick and strong, it tends to resist being repositioned and a “tuck” might be indicated within 6-12 months.

The predisposition to have protruding ears tends to run throughout a family tree with a varying degree of penetration. In some cases an entire generation may be skipped. Some family members will have ears that look fairly normal but others will have one or usually both ears that protrude, at least to some degree.

Even if only one ear appears to protrude excessively, it is usually necessary to correct both in order to get the desired surgical result.

The Surgery

In younger children a general anesthetic is given at the hospital (in adults, “twilight” anesthesia at the Clinic).

The patient is usually discharged 24 hours following surgery and remains ambulatory thereafter. In adults, (or older teenagers) Otoplasty may be performed on an outpatient basis at our Clinic. In most cases there is minimal pain after this type of surgery.

The scars resulting from the surgical incisions are located behind each ear and are hidden in the creases behind them. It is rare for these scars to thicken or hypertrophy. If this should happen, they can usually be softened by cortisone.



In many cases, protruding ears lack the natural contours or folds. Frequently one ear may be larger, higher, lower or more projected than the other. Although it is impossible to obtain absolute symmetry with surgery, the postoperative photograph on the right demonstrates a reasonable degree of improvement.



Even though irregularities of the ear margin frequently exist with projecting ears, they can be made less apparent when the ears are repositioned closer to the head.



Otoplasty is a common operation for both young men and women.

All photographs on our website are used to demonstrate the result obtained in that particular case and should not be used for comparison.