

Patient Information for Consent

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CM03 Otoplasty (child)

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What is an otoplasty?

An otoplasty (or pinnaplasty) is an operation to improve the appearance of your child's ears (see figure 1).

Your surgeon will assess your child and tell you if an otoplasty is suitable for them.

This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Is an otoplasty suitable for my child?

Your child is most likely to benefit from an otoplasty if one or more of the following conditions apply to them.

- Your child is self-conscious about the size or shape of their ears, and they have said this without any prompting from adults.
- Your child is being teased and this is causing them distress. It is important to consider your child's personality. Some children react badly to even mild teasing. If their ears are only a little unusual, an otoplasty will not make much difference and the teasing may continue. It may be better to help their social skills so they can cope with teasing.
- Your child has unusually-shaped ears, ears that are large and stick out ('bat ears') or ears that are different from each other (asymmetry).

An otoplasty will not improve your child's physical health. For this reason, the operation should be performed only if the aim is to improve their self-confidence and to make them more comfortable with their appearance.

What are the benefits of surgery?

Your child's ears should have a better shape. Most children who have a successful otoplasty are more comfortable with their appearance.

Are there any alternatives to surgery?

For 6 months after birth, the cartilage of a baby's ears is still soft. It is possible to permanently change the shape of the ears using moulding splints. The older the baby the longer they will need the splints. Once a baby is older than 6 months, the cartilage will have become too hard and surgery is the only option to change the shape of the ears.

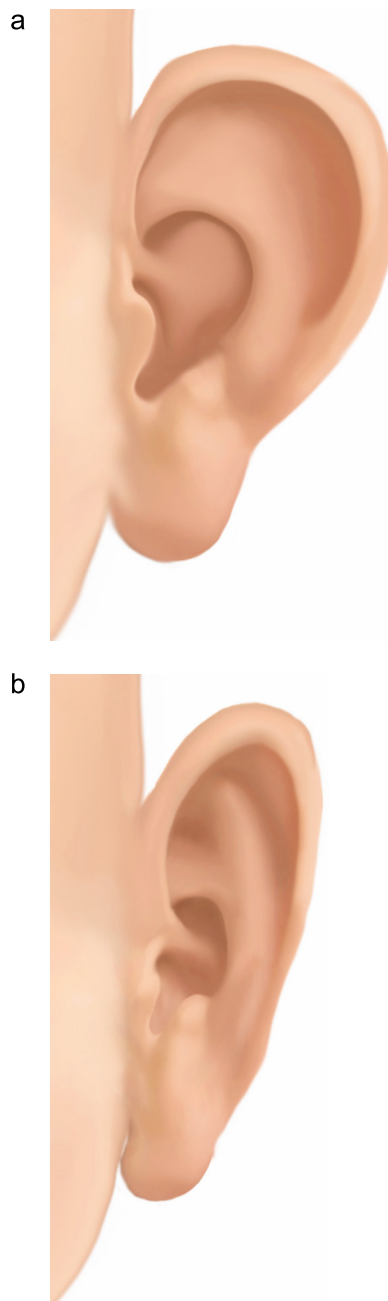


Figure 1

a An ear sticking out with unusual folds

b An ear closer to the head with more normal folds

What will happen if I decide that my child will not have the operation?

Ears grow to almost their full size by the time a child is 6 years old, while most of the face continues to grow until after puberty. So ears that were more obvious in a child may not be as obvious when your child grows up.

It is possible to hide unusually-shaped ears behind a hairstyle. This is usually easier for girls.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having.

The operation is usually performed under a general anaesthetic. Your anaesthetist will discuss the options with you. When your child is asleep, they may also have injections of local anaesthetic to help with the pain after the operation.

For older children (young adults) the operation can be performed using only a local anaesthetic. If this is the case, your child may be given a sedative. If given a sedative, your child will be able to ask and answer questions but will feel relaxed.

Your child may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about an hour.

Your surgeon will make a cut at the back of the ear and peel off some skin from the cartilage. They will change the shape of the cartilage so the ear lies closer to your child's head. Your surgeon may need to use stitches under the skin to hold the ear in position and to create folds. Often these stitches are dissolvable but sometimes your surgeon will need to use permanent stitches (see figure 2).

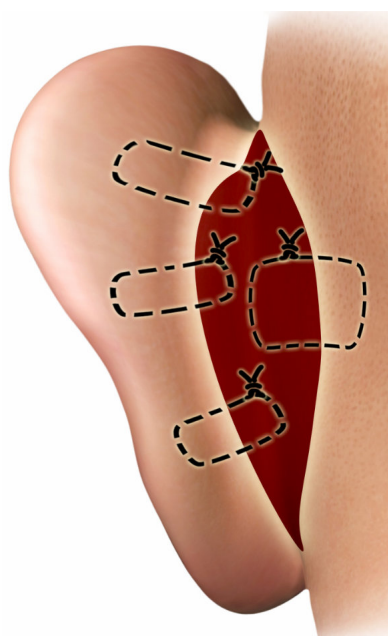


Figure 2

Cuts and stitches used to re-shape the ear

Through the same cut at the back of the ear, your surgeon may also make a cut just inside the cartilage so they can peel back the skin from the front of the cartilage and lightly score it. This technique tends to make the cartilage bend towards your child's head (see figure 3).

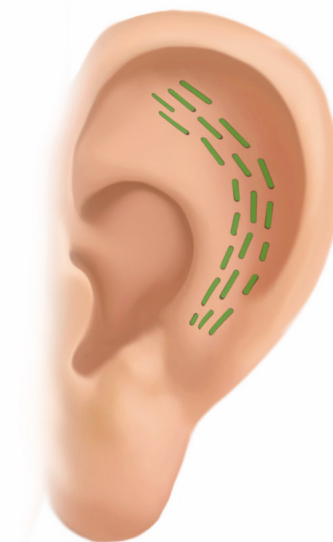


Figure 3

Scoring on the inside of the ear

Your surgeon will close any cuts with dissolvable stitches or a running stitch that can be removed easily.

Your surgeon will pack your child's ears with moulding material and place a dressing on your child's head to give the ears support.

What can I do to help make my child's operation a success?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. Most children do not have any pain straight after the operation because of the local anaesthetic. However, they may need to take simple painkillers such as paracetamol later on the same day and the day after.
- Bleeding after the operation (risk: less than 1 in 10). If you notice even a small amount of blood soaking through the dressing or dripping behind the ear, let your surgeon know straightaway. Your child may need another operation to stop the bleeding and prevent an unsightly cosmetic result.
- Infection, usually caused by bacteria from inside the ear getting into your wound. If the ear becomes more painful in the first few days, let your surgeon know straightaway. An infection can usually be treated with antibiotics. A serious infection can cause an unsightly cosmetic result.
- Unsightly scarring of the skin. The scars usually settle with time. If your child has dark skin or very pale skin, the scars can sometimes stay thick and red. The risk is higher if the scars are slow to heal. If you notice the scars becoming thick and red, let your surgeon know straightaway. Sometimes the scars can be treated with steroid injections or even by another operation.

Specific complications of this operation

- Cosmetic problems. It is difficult to predict exactly how your child's ears will look after the operation. Most people's ears are a different size and shape to begin with so it is normal to have small differences even after the operation. Sometimes the ears may have been set back too much or not enough, or they may have an unsightly shape because of the head dressing. It is possible to have these problems corrected by another operation.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward.

It is common for children to feel sick for a few hours and not want to eat until the next day.

Your child should be able to go home the next day. However, if all is well your surgeon may allow you to take your child home later the same day.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

For a few weeks, while the swelling and bruising settles, your child should rest and not do strenuous exercise. If you notice any bleeding or your child's ear becomes more painful in the first few days, let your surgeon know straightaway.

It is important to make sure your child does not remove the head dressing or try to touch their ears.

The healthcare team will arrange for you to come back to the clinic after 1 to 2 weeks to remove the head dressing and any stitches.

Your surgeon may recommend that your child wears a headband and light head dressing at night to prevent their ears from folding and causing an unsightly cosmetic result.

Your child can go back to school after the head dressing has been removed but you may want to wait another 1 to 2 weeks until it is difficult to tell that they have had surgery.

Your child should not play sports for 6 weeks.

The future

The results of an otoplasty are usually permanent. If your child has had permanent stitches, these may need to be removed at some time in the future if they cause problems.

Summary

An otoplasty is an operation to improve the appearance of your child's ears. The operation should be performed only if the aim is to improve their self-confidence and to make them more comfortable with their appearance. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewer: Mr Eoin O'Broin MD FRCS (Plast.)

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