

## Useful Telephone Numbers

### ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

### Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

### North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

### The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

### Clare Park Hospital

Switchboard – 01252 850216

### The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

**T** 01252 852552 **F** 01252 851331

**E** [infosurrey@entpartnership.co.uk](mailto:infosurrey@entpartnership.co.uk) [www.entpartnership.co.uk](http://www.entpartnership.co.uk)

### Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

**T** 01256 377733 **F** 01256 354483

**E** [infohampshire@entpartnership.co.uk](mailto:infohampshire@entpartnership.co.uk) [www.entpartnership.co.uk](http://www.entpartnership.co.uk)

Information for Patients on

# Otoplasty or Pinnaplasty

(correction of Prominent Ears)

## The ENT Consultants are

### **Jonathan Blanshard FRCS (ORL).**

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

### **Jonathan Hern FRCS (ORL).**

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

### **David Jonathan FRCS.**

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

### **Andrew McCombe MD FRCS (ORL).**

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

### **Paul Spraggs FRCS (ORL).**

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

## Risks

In a small number of patients the scars can become prominent and may require further treatment.

An unsatisfactory result requiring further surgery occurs rarely.

**Infection** – Infection is not common but should this occur it would require treatment with antibiotics and regular dressing changes.

**Pressure sore** – Sometimes the pressure of the dressing can produce a break in the skin, which can take some time to heal.

**Haematoma** – As the skin has been lifted from the cartilage of the ear during the operation, a collection of fluid or blood (haematoma) under the skin may occur. Haematoma is suspected when there is pain from increasing pressure of blood within the ear. This is guarded against by the special padded dressing that is applied following the operation. This dressing should not be disturbed in any way. If a haematoma occurs the collected blood may have to be removed, by a further operation.

**Numbness** – The ears are often a little numb after the procedure and this often takes several weeks to settle.

Recurrence of the prominent ear may occur many months later.

## Sources of additional information

The Surrey & Hampshire ENT Partnership  
[www.entpartnership.co.uk](http://www.entpartnership.co.uk)

British Association of Otorhinolaryngologists  
[www.entuk.org](http://www.entuk.org)

## Introduction

Approximately 1-2% of the population in the United Kingdom consider their ears to be too prominent. Usually the shape and the position of the ears are inherited. Prominent ears often lack a normal fold of cartilage underneath the skin. People with prominent ears are sometimes teased particularly during their school years and this can lead to loss of self-confidence.

**Pinnaplasty or otoplasty** is an operation which adjusts the shape of the cartilage within the ear to create the missing folds and to allow the ear to lie closer to the side of the head. The operation is usually carried out under general anaesthetic (fast asleep), however it can be done under local anaesthesia in suitable adults.

There is no alternative treatment for prominent ears.

## About the operation

You will attend the hospital about 1 – 2 weeks before the operation for a pre-operative assessment. You should not have suffered from a common cold for at least two weeks before the operation. If you have had an infection please ring the Consultant's secretary.

You will be admitted to hospital on the morning of the surgery.

Surgery begins with an incision just behind the ear, in the natural fold where the ear is joined to the head. In some cases the surgeon will shape the cartilage into a more desirable form and use permanent sutures to secure the cartilage. In other instances the surgeon make several incisions into the cartilage to weaken it in certain parts, in order to get it into a desired shape.

Soft dressings and head bandage are applied to the ears to hold the ear(s) in the desired position. These are usually removed after about one week.

## After the operation

You will be able to go home the day after the operation. Sometimes it may be carried out as a day case procedure. You can be given a sick note by the hospital if you need one – please ask for this before you leave the ward.

The head bandage should be kept dry and not be disturbed until it is removed in the clinic. If it becomes dislodged please phone the ward.

There will be some discomfort after the operation which is usually controlled by taking paracetamol.

For about 6 weeks following removal of the dressings you need to wear a protective head band when sleeping to avoid the ears being bent forward against the pillow.

**If any problems arise after you have gone home please contact the ENT ward.**