What is a pinnaplasty?

This is a procedure used to pin back excessively protruding ears or to correct the proportion of ears that are not in keeping with other facial features.

It is not recommended for those below six years old, as the cartilage in the ear is too soft and does not hold its new shape well.

Are there any alternatives to pinnaplasty?

Pinnaplasty is the only permanent method to reshape/pin back the ear in an adult or a child (above six years old).

In babies under six months old, specially crafted moulds/splints may be used to mould the cartilage whilst it is still soft.

When to have the surgery?

This is recommended for children above the age of six years old. This is because by then the ears are almost fully-grown and the cartilage within the ears is relatively easy to reshape. It also coincides with the time when children become aware that they may look slightly ‘different’ from their friends which may lead to teasing at school.

The operation itself

The operation is usually carried out as a day surgery case, i.e. you will come into hospital in the morning, have your operation and go home later that day. Occasionally, an overnight stay may be recommended.

It can be performed under local or general anaesthetic. If performed under local anaesthetic, you will be awake throughout the procedure, but you will feel no pain. Under general anaesthesia, you will be put to sleep and only wake up after the operation is over.

The procedure itself takes between 1 to 2 hours, but occasionally may be longer.

The most common procedure involves the surgeon making an incision behind the ear to remove a small area of skin close to the groove of your ear and the side of your head. Through this incision the surgeon will reshape the cartilage. This may be done by lightly scoring the cartilage, or in some cases removing a small piece of cartilage. Sometimes, to reshape the cartilage, the surgeon may use only stitches or a combination of stitches and scoring of the cartilage may be used. This creates a more
natural looking fold to the ear, in keeping with facial features.

**After the operation**

You are advised to stay in hospital until the effects of the anaesthetic has worn off. For most people, this will be a few hours, but in some cases, this may involve an overnight stay.

After the operation a head bandage will be wrapped firmly around your head; this is to promote the best shape and healing of the ear. This bandage will stay on for the next 5 to 7 days, which means that showers are not advised.

Once the head bandage is removed, in clinic, the surgeon may advise you wear a head band (tennis sweat band) at night to avoid any unwanted pulling on the ear. The stitches behind the ear are usually removed at the same time as the head bandage. Sometimes dissolvable stitches are used, which do not require removal, unless causing irritation.

The ear may throb for a few days after the surgery, but simple painkillers are all that is required. The ear may also feel slightly numb, but this improves in a few weeks.

We advise you to have a week away from work or school after the operation.

Contact sports should be avoided for at least 6 weeks.

**The risks**

The risks are usually minimal, but as with any operation, there are some risks:

- The main risks are bleeding, infection, scarring and an unbalanced appearance.
- A small proportion of patients may develop a blood clot under the skin of the ear. If this is small, it may dissolve naturally, but sometimes, the clot may need to be removed by your surgeon. If the clot is left untreated it can cause damage to the underlying cartilage and produce an unnatural look to the ear (a cauliflower ear).
- Infection of the cartilage or the skin can cause similar results if left untreated. If there are signs of infection, please see your GP. Infection can be treated with antibiotics, but in rare cases the infected area may need to be drained.
- The scar behind the ear usually heals beautifully, but in some cases may become lumpy or it may 'over-heal', producing an unpleasant scar, known as a keloid. There are ways of correcting it.
- Finally, a perfectly even appearance of the ears cannot be guaranteed, but the end result is usually very good, with little or no obvious difference. In a very few cases, the shape/symmetry is not satisfactory and further surgery may be required.

**The end result**

The vast majority of patients are very happy with the outcome. It is important to bear in mind that the aim of this procedure is to improve the shape of the ear and not to obtain aesthetic perfection. It is important to discuss your expectations with the surgeon to ensure that the end result is one you are happy with.