

OTOPLASTY

Otoplasty or “ear pinning” is a procedure to reduce the appearance of protruding ears. Protruding ears are normally formed but they lack or have an inadequate crease in the cartilage called the anti-helical fold. When you bend your ear back to create this fold, the ear instantly appears closer to the head and less protruding. Some ears have a very deep “cup” in the cartilage called the conchal bowl and this can contribute to the protruding look. This is less common but if present may mean that this anatomic feature needs to be made less deep. When Dr. Pautler performs an otoplasty, one or both ears are marked according to where the antihelical fold should be positioned. In the operating room, an incision is made behind the ear and the skin is lifted to expose the backside of the cartilage. Dr. Pautler then places special stitches in the cartilage to fold and maintain a new antihelical fold in the cartilage. The skin is then closed, and a compressive bandage is placed to protect the ear. Dr. Pautler removes this dressing in about 24-48 hours to check the ears and then she replaces the dressing. Compression, especially during sleep, is imperative for the first few days. As the ears heal, compression just needs to be worn at night and during certain activities. The ears initially appear quite pink, swollen, and bruised and this is normal. As the healing proceeds, this redness and thickness gradually goes away. Dr. Pautler performs otoplasties on both children and adults on an outpatient basis. The surgery involves either a general anesthetic (usually for children) or a deep sedation (more appropriate for adults). There are some risks involved and they are outlined below:

1. Infection: Dr. Pautler uses antibiotics during and after the procedure to prevent infection. Very rarely one can still occur and if so, may necessitate the use of intravenous (through the vein) antibiotics or even a brief stay in the hospital. Even more unusual, but possible, would be a need to return to the operating room to wash out the ear if antibiotics were not adequate.
2. Sutures coming through the skin: The stitches that Dr. Pautler uses can sometimes sit right under the skin and poke through. If this happens, the ears are kept clean, antibiotics are used, and eventually, once healing is complete, the part of the stitch poking through can be trimmed or pulled out entirely.
3. Asymmetry: Minor asymmetries between the ears can occur and are usually not noticeable. Most ears are asymmetric to begin with. With completion of healing, most asymmetries can disappear. Rarely is a touch-up surgery needed.
4. Relapse of protrusion: The stitches could pull through the cartilage and cause a re-protrusion of the ear or an unfolding. Bleeding or inadvertent bending forward of the ear during sleep or activity early on are the most common causes. To prevent this, the compression dressing is worn. Should this happen, the ear can be repaired again in the operating room.
5. Bleeding: Excessive bleeding is rare, but if this occurs and build-ups under the skin, Dr. Pautler may need to use a needle and syringe to aspirate the blood. If it is too thick and clotted, she may need to remove the blood in the operating room.
6. Skin loss: Highly unusual, skin loss usually shows itself as a scabby area on the anterior portion of the ear. With wound care, the scab eventually falls off as the skin below heals itself. Scarring is rarely an issue.
7. Scars: The scars are on the back of the ear and over time fade nicely. Rarely is scar revision needed.
8. Itching: This is normal for as healing progresses, your ears will itch. This eventually goes away.
9. Need to excise a little more skin: In the back of the ear, if the skin does not re-contour adequately to the new ear shape, a little wedge of skin may need to be removed. This is a minor procedure easily accomplished in the office under some local anesthetic.

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10. Under or over-correction: This is usually a judgement call, but if the patient feels his or her scars are either over or under-corrected, Dr. Pautler will wait several months for scar tissue to soften and then a touch-up may need to be done.

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