

What is an otoplasty?

Otoplasty is an operation performed to reduce one or both prominent ears. Children with prominent ears have excess cartilage in the bowl or concha that protruded the ear out away from the skull. They also have a missing fold called the antihelical crus in the upper part of the ear that further directs the ear out away from the head. 1:1000 children born in the US have this problem.

What age is surgery performed?

Surgery is typically performed at age 5-6 years, but any time after age 5 is ok. Surgery performed before age 5 is rare due to concerns about ear growth after the operation.

What should be done before surgery?

A recent history and physical documenting good health is required one week or less before the surgery. No lab tests are required except in special circumstances. No eating or drinking after midnight, the night before the operation unless otherwise instructed.

How is the operation performed?

There are many types of otoplasty procedures. They range from simple cartilage to removals, to otoplasty, to complex grafting and tissue rearrangements. In our practice all the various procedures are performed based on the need of the patient. However, the most common type of otoplasty we use is the Locket Otoplasty. This procedure involves 4 parts.

- 1. Skin reduction
- 2. Concha bowl reduction
- 3. Concha-mastoid suturing
- 4. Sculpting of the antihelical fold in the flattened upper quadrant of the ear

How long is the surgery?

The surgery typically takes 1 hour per ear depending of the degree of severity.

What type of anesthesia is used?

Typically this operation is performed under general anesthesia.

What type of postoperative care is needed?

- 1. Patients will wear a turban like head wrap that is placed in the OR for the first five days.
- 2. After 5 days the head wrap is removed and the ears are left open to air. However, for 3 weeks a headband must be worn over the top of the ears at all times except when showering. There is no swimming or contact sports during this period.
- 3. Then for an additional 3 weeks, the same headband is worn at night to protect the ears during sleep. Patients may swim during this time but contact sports should be avoided.
- 4. After 7 weeks normal activity is resumed. Is there a lot of pain? Most patients only need Tylenol or Motrin dosed according to their weight for pain management.

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What complications can occur?

Complications following this operation are rare. However, like any surgery they can occur. The complications most commonly described are bleeding, infection, hematoma, abnormal scarring, asymmetry between the 2 ears, telephone ear deformity, and relapse. If any of these complications occur, bring them to the attention of your surgeon immediately.

When should we follow up?

You should see Dr. Stelnicki or his physician assistant 7-14 days after the initial operation. Additional follow-ups will be arranged at that time.

Will the sutures dissolve?

The outer sutures are self-dissolving and do not need to be removed.

How do we clean the ear?

Bathe and shower normally after the operative turban has been removed on day five post op. Do not forcefully pull the ear forward. For other questions and concerns please consult Dr. Stelnicki in our office.

What is an ear keloid?

A keloid is a tumor of scar tissue. They may look and feel hard, wide, red, scaly, or raised.

What causes a keloid?

In the case keloid formation on the ears, it is usually seen months to years following ear piercing. It is also seen after surgery is done to correct an ear deformation or injury to the ear. They occur when the body stops producing normal scar tissue and instead produces too much fibrous and collagenous material without stopping. The exact reason for keloid formation is unknown.

Keloid scarring has a tendency to run in families (especially African and Asian families) and with people with darker pigmented skin. However, anyone is susceptible to a keloid.

How is a keloid diagnosed?

A keloid may be diagnosed via physical examination or after it has been surgically removed and examined by a pathologist.

What are signs and symptoms of a keloid?

Signs and symptoms of a keloid may include sensations of itchiness, pain, and burning. They also may restrict range of motion to the normal skin and underlying tissue.

How are keloids treated?

There are many methods for treating keloids.

One method is an injection of a steroid medicine called Kenalog. This steroid stays locally at the site of injection (it is not systemic—it is not a medicine that goes throughout the body) and helps to dissolve the scar tissue within the keloid. The typical regimen for this treatment is having one injection per month for a total of three months.

Another modality to treating keloids is with surgical excision. The keloid is excised in the operating room under anesthesia in order to keep the patient still during the procedure. An incision is made at the location of the keloid, the keloid is removed, and the specimen is sent to the laboratory to be diagnosed by a pathologist. Removable stitches may be used to join the edges together and close the incision. At the time of the removal, an injection of the steroid medicine Kenalog is also given. Antibiotics are administered during the surgery in order to prevent infection.

Sometimes, a staged surgical excision (where the keloid is not initially removed all at once) is recommended in order to preserve the integrity of the structure of the affected body part and/or skin surrounding the scar. This is typically recommended if the scarring is very extensive. In the case of having keloids on both ears, it may be recommended that surgical excision be done on one ear at first to test the skin's reaction to the surgery (since surgery may also cause a keloid formation).

Radiation therapy is sometimes indicated as an additional treatment in the case of a recurring keloid.

When it comes to keloids, the post-operative care with scar treatment recommendations is as important as the surgery to remove the keloid itself. Adjunct to the removal or injection of a keloid is a scar massage.

What is a scar massage?

A scar massage is essential to preventing a keloid scar from recurring. It is also used to treat an existing keloid or a keloid that is being treated by injections.

Scar massages are most effective when they are performed in a higher

frequency of times throughout the day and not necessarily the length of time performed. When performing a scar massage, it is important to keep in mind the goal of the massage: to help break up the present scar tissue. The scar massage may be done with scar treatments such as Vitamin E oil or Mederma, or with silicone-based scar gels such as Kelocote or New Gel. These items are available for purchase at our office.

We highly recommend the use of clip-on earrings, which provide compression to the ear lobes and may be worn in addition to performing scar massage.

Will the ears look the same after the surgery to remove the keloid(s)?

Depending on the size and involvement of the keloid(s), the ears may not look exactly as they did prior to the surgery and prior to the formation of the keloids. Also, if only one ear is involved, surgery to correct that ear may cause some asymmetry relative to the other ear. The reconstruction of the ear requires artistic skill as well as surgical skill.

What should be expected after the surgery?

Post-operatively, a dressing may be placed over the stitches. Sometimes, there may be a "skin glue" called Dermabond instead of a bandage. It is important that this dressing be kept clean, dry, and intact for the first 72 hours following surgery. Under the dressing, stitches may be present and are typically the type that needs to be removed. It is imperative to comply with post-operative recommendations because remaining stitches can instigate the keloid to return.

Sometimes, antibiotics are prescribed in order to prevent infection from occurring. In some cases, pain medication is also prescribed, but most procedures are adequately treated with over the counter Children's Tylenol. We advise no sports or swimming for two weeks after the procedure to aid in healing. The bandage and/or stitches may be removed (if it has not already come off on its own terms) or trimmed at the post-operative visits.

After a keloid excision, there may be some mild pain at the surgical site, itchiness, and numbness. Mild pain may take 1-2 weeks to subside, while itchiness and numbness may take several weeks to subside as the skin heals.

Complications are uncommon after excision of a keloid. But the most frequent complications after surgery include scarring. Scarring is inevitable

anytime there is a cut or trauma of any kind to the skin. Some scars are barely if at all visible while some scars are disfigured, red, dark, and/or raised. Another frequently seen complication is recurrence of the keloid. It is of special importance to be proactive with preventing, caring, and treating scars. Scar treatment recommendations may include sunscreen, scar bandages such as silicone sheeting, scar creams or gels, and/or a scar massage.

The recommendations for scar care are extremely important to comply with as keloids have a tendency to recur. Part of the post-operative care includes once monthly injections for three months of the steroid medication Kenalog. These injections further help the keloid(s) from recurring. When it comes to keloids, the post-operative care with scar treatment recommendations is as important as the surgery to remove the keloid.