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PATIENT LEAFLET - PINNAPLASTY

MORE INFORMATION CAN BE FOUND AT WWW.MRTHOMASCHAPMAN.COM

WHO THIS LEAFLET IS FOR?

This leaflet is for anyone undergoing pinnaplasty surgery (surgery to correct prominent ears). The following information is to help you make decisions about surgery and about your recovery. The advice in this leaflet offers broad guidelines for people who do not have any complications as well as re-iterating the potential pitfalls, consequences and complications possible. Obviously, every individual has different needs and recovers in different ways – so not all the advice in this leaflet will be suitable for everybody.

WHAT TO EXPECT FROM THE CONSULTATION

During the consultation I will assess if you are a suitable candidate for the operation. I will demonstrate the improvement that might be expected in a mirror. I will show you examples of patients who have undergone the surgery and we will discuss the consequences of surgery and possible complications again with sample photographs. There is a lot of information to take in and I always advise patients who wish to proceed to surgery to return for their free second pre-operative consultation, nearer the anticipated operation date. I will give you the opportunity to speak to other patients of mine that have had the surgery.

WHAT TO EXPECT AFTER THE OPERATION

Surgery is usually done under general anaesthetic (with you asleep.) It takes one to two hours. If minor adjustments are needed or only one ear needs surgery it is possible to do the operation under local anaesthetic. Normally you will go home the following day, although occasionally it is done as a daycase. Someone should stay with you at home on at least the first night after discharge.

The operation usually involves a cut in the fold behind the ear. This allows access to the underlying cartilage for reshaping. I will demonstrate this to you in the consultation. The wounds will be covered with dressings under a headbandage. You will need to keep the wounds dry and the headbandage on until about a week after surgery when you return to see the specialist nurse who will check the wounds. You can start to wash the hair after this time with a non-perfumed/baby shampoo but do not try to remove scabs and rinse the wound with plenty of warm water afterwards, patting them dry with a clean towel. You will be given ointment to apply regularly over the wounds. Once the headbandage is removed you will need to wear a tennis or sweat band over the ears day and night for another week, and then during the night and for activities for another 4 weeks. If you think during this time that the position of the ear may have at all changed you must go back into the sweatband day and night and arrange a review.

There will be bruising, swelling and pain in the operated areas for a few weeks. You are likely to need pain relieving tablets such as paracetamol until it subsides. **DO NOT TAKE ASPIRIN or BRUFEN** as it increases the risk of bruising and bleeding. To minimise pain and swelling sit upright during the day and use one or two extra pillows at night to keep your head up, at least for the first two days postoperatively. Rest as much as possible in this time. Only perform light manual tasks. Try to avoid any heavy lifting, straining or blowing of the nose for a week and do not go to the gym or swimming or perform sports until I have seen you 4-6 weeks after the operation.

Things that will help you recover more quickly

Eat healthily - this ensures your body has the necessary nutrients it needs to heal. Eat a healthy balanced diet with plenty of fresh fruit, vegetables and protein. Don't rely on multivitamin tablets alone!

Stop smoking - smoking affects wound healing and increases the risk of infection. I will advise you to stop or at least reduce smoking prior to surgery

Get support - family and friends can give you practical support with tasks you may find difficult in the recovery period such as driving or looking after pets and children. They can also help to keep your spirits up! Until you have fully recovered from surgery and until you can enjoy the results it is natural to feel a little low. I will normally let your family doctor/GP know you are having surgery so they can support you too if needed.

Keep a routine – get up and go to sleep at the normal times for you. Keep moving. You may be a little tired but bedrest increases the risk of deep vein thrombosis. Build activities up gradually. You should be able to recommence light household duties after a week.

RETURNING TO WORK

Everyone needs time off after an operation, but too much can stand in the way of you getting back to normal and recovering well from surgery. How quickly you can return to work will depend on how you heal, your response to pain, the type of surgery and the type of job you do. Depending on the nature of your job you might want to ask your employer about returning to work on lighter duties at first. If your employer has an occupational health department they might be able to advise you on this and how having time off work might affect any benefits. As a general guide, you can anticipate returning as follows:

Managerial/Supervisory/Desk based work 1 week
Light Manual work 1-2 weeks
Heavy Manual work 2-4 weeks
Custodial or rescue services 4-6 weeks

DRIVING

You will need someone to drive you home from hospital. Your insurance company should be informed about your operation. Some companies stipulate a number of days following surgery you cannot drive so check the policy with them. Before driving, you should be free of the sedative effects of any painkillers you may be taking. Before you go out on the road its worth testing how comfortable you are in the driving position. Think what it would be like if you had to stop suddenly. You should be able to grip the steering wheel comfortably and safely and comfortably control the car. Start in a safe place and with short journeys. Most patient can start to drive within a week of surgery.

WHAT ARE THE CONSEQUENCES OF SURGERY?

Scars. There will be permanent scars. Scar quality cannot be guaranteed. Usually the scars are hardly noticeable in time, but at first they may be red and raised and need a period of moisturisation and massage. Sometimes this persists or the scars widen and stretch, called hypertrophic scarring.

Numbness. There will be some numbness in the ear after surgery. Much of this will improve over the following weeks, but some of the numbness may be permanent, particularly behind the ear and in the scar tissue.

Asymmetry. Most people have some differences between the two ears, in terms of projection and shape. Some minor differences may persist after surgery but this should be within normal limits i.e. not noticeable by most people unless scrutinized closely.

WHAT ARE THE COMPLICATIONS?

Bleeding. Blood vessels are cauterized at the time of surgery to stop bleeding, but occasionally it can start again, usually within a few hours. A small amount of bleeding may stop, but if the blood collects and puts pressure on the wound (something called a haematoma) then you will need to go back to the operating room to have this treated. The risk is 2-3%

Infection. Bacteria are naturally present on the skin and can enter wounds. The signs of this are worsening redness, pain and swelling or discharge of fluid from the wounds, usually 4 or 5 days after surgery. Once recognised this will normally settle with tablet antibiotics and it is rarely something that would bring you back to stay in hospital. The risk of this is about 4-5%.

Wound Necrosis. Sometimes the edges of the wound breakdown. In small degrees this is not a major concern, they will heal but will take some weeks. This may need a period of dressings before it heals. If so, this will be done under my supervision and you will be provided with appointments and dressings at no extra charge. It can potentially slow the recovery process and delay return to work, depending on your job.

Recurrence. In 5-10% of patients the deformity can recur. This is because the cartilage is very strong and has a degree of memory which can overcome the effect of the internal stitches. It is most likely to happen in the first 4 weeks until the scar tissue takes over from the stiches holding the ear in its new shape. By 6 weeks, it should be as strong as it ever will be. Any early noticeable recurrence will be recorrected at no further cost.

Deep Vein thrombosis (DVT) – immobility can cause the blood in the veins of the legs to clot. This will cause pain swelling and redness in the leg. You will be given treatment to minimise this risk, which is around 1%

Although most people experience an uneventful recovery if you develop any of the following you should contact the ward:

- Temperature greater than 38.5
- Severe pain not alleviated by painkillers
- Fresh bleeding from the wound other than a minor ooze
- Any wound discharge after 48 hours
- Sudden rapid enlargement or change in shape of the ear
- If the dressing/headbandage comes off

Bruising and swelling. - The operated area may be bruised and swollen for some weeks, sometimes months. This will eventually settle, but the rate is variable and changes from patient to patient. Support garments can help and in operations where these are provided you must ideally wear them day and night for 6 weeks

The results of cosmetic surgery are not entirely predictable, so there is no particular guaranteed result from any operation. Sometimes the results of surgery are modest. Beauty is in the eye of the beholder and what is good for some may not be for others. I can only guide the likely result for you in the consultation. You may also notice other un-operated areas more such as the flanks or thighs after tummy tuck or tummy after breast reduction. Surgery comes with no guarantee of happiness. Cosmetic surgery is not to be undertaken lightly, and you must be confident you can cope physically and mentally with any complications. For this reason, I always suggest patients not to hide the fact from friends and family, but involve them in decision making.