



**Royal Berkshire**  
NHS Foundation Trust

A general anaesthetic requires your child to be starved beforehand.

**Morning admission:**

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

**Afternoon admission:**

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

**If you do not follow these instructions your child's procedure may be delayed or even cancelled.**

# **Pinnaplasy**

## **(ear correction surgery)**

### Information for parents and carers

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**This leaflet aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.**

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## **What is a pinnaplasty?**

It is an operation to correct the shape of prominent ears.

## **Is there an alternative?**

Babies and very young children may have plastic splints taped to their ears for a few months. These are known as 'ear buddies'. The only active alternative for older children with prominent ears is surgery.

## **How is the operation done?**

It is carried out under a general anaesthetic (your child is asleep) and involves the surgeon making a small cut behind each ear to expose the cartilage (a tough elastic tissue). The cartilage is then reshaped and special stitches are used to hold the ear back in its new position. Alternatively, the cartilage may be folded back and stitches then used to hold the ear in position.

A tight bulky bandage is wrapped around the head and both ears – this is to protect the ears and keep them held in the new position while they heal. The operation will normally take up to 2 hours.

## **What are the risks?**

As with all cosmetic procedures there are small risks. Very rarely, infection can get into the cartilage and damage the shape of the ear. Pre-operatively, ears are not normally perfectly symmetrical and this is often the case after surgery. The vast majority of parents and children are happy with the results, but, occasionally, scarring cannot be controlled and, rarely, this may affect the result.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having

an anaesthetic some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

## **What shall I bring?**

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre; however, children may want their own nightwear, slippers and dressing gown to change into.

## **What happens on admission?**

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful.

One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

## **What happens after the operation?**

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

## **When can we go home?**

When your child is suitably recovered and has been seen by the surgeon they will be discharged home, usually later the same day. The nurses will be able to advise you if an overnight stay is needed. If it is, there will be an opportunity for a parent/carer to stay overnight.

## Advice after pinnaplasty

- Your child will need 1 week off school.
- The head bandage will be removed in clinic 1 week after surgery.
- They will be able to return to full sporting activities and contact sports after 1-2 months.
- Your child may experience some discomfort after surgery. You will be advised about appropriate pain relief before you go home.
- Do not attempt to reposition the bandage. If in doubt, contact the ward or clinic. Contact numbers are on the back of this leaflet.
- Your child's ears may itch as they heal. It is important not to reach under the bandage to scratch, as it may cause an infection.
- Do not wash your child's hair while the bandage is in position. After the bandage has been removed, take care to keep the wound dry.
- Your child will be able to hear with the bandage on but a slightly raised voice may be necessary.

## Contact the ward or ENT if:

- Your child is in a lot of discomfort, despite having regular pain relief.
- There is an offensive smelling or bloodstained discharge through the bandages.
- The bandages are removed after one week in ENT outpatients. Stitches will also be removed at this time if necessary.

## Contact us

Pre-op nurse: 0118 322 7518

Kempton DBU: 0118 322 7512

Lion Ward: 0118 3227519

ENT Clinic: 0118 322 7139

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Kempton Day Bed Unit. Reviewed: May 2022. Next review due: May 2024