

Department of Craniofacial Surgery

Ear Reconstruction operation. Information for parents, carers and young people

Introduction

The leaflet is aimed at providing information about the processes involved in ear reconstruction. Ear reconstruction is a specialised kind of surgery, when an ear is created to look as natural as possible.

Why is ear reconstruction needed?

Ear reconstruction can be offered if an ear has not formed properly, is missing or has been damaged.

The reconstruction process

The surgeon uses part of the rib (cartilage) to form the framework for the new ear. Where possible, the surgeon will use an existing ear as a model for the new ear. The operation is usually carried out two stages, with 6-12 months between the two operations.

Are there alternatives to reconstruction?

There are other options:

- No treatment (leaving the ear as it is).
- A prosthetic (false) ear.

With all of the options, it is important to remember that the aim of treatment is to improve how the ear looks, not how it works.

So, once a child or young person (the patient) has decided on ear reconstruction, there is a process they will need to go through.

First stage reconstruction

The Planning Clinic

The patient is seen in the outpatient clinic for a detailed discussion of the operation and for ear tracings of the unaffected ear (if applicable). The tracings are used to help the surgeon make the shape of the reconstructed ear as accurate as possible.

At this appointment parents or carers, and sometimes the patient, may be asked to sign a consent form for the operation to take place.

Pre-operative clinic appointment.

Once a date for surgery has been decided, the patient will be invited to attend a pre-operative visit to the ward. The purpose of this is to prepare the patient for the operation and give them a chance to ask questions, meet the nurse specialist and anaesthetist.

The patient may also have photographs taken of their ear and may need a blood test. They will also be advised of their admission time and any fasting (starving) instructions.

Admission

The patient is normally admitted the day before the operation to **Ward.4A**

There will be another opportunity to talk to the team caring for the patient if they have any worries or questions about the operation. That evening the patient will need to shower in a special anti-bacterial wash.

Day of surgery

The operation usually takes most of the day to complete and the patient will be asked to shower again in anti-bacterial wash at about 7.00 am. They will then put a theatre gown on and special stockings designed to prevent blood clots during the operation.

If a medicine has been prescribed to relax the patient it is usually given then.

When the patient goes to the operating theatre, one parent or carer can go into the room where the anaesthetic will be given. Once the patient is asleep the parent or carer will go back to the ward to wait until the operation is finished.

The operation

The surgeon starts by making an incision (small cut) on the chest and removes a piece of cartilage from one or more of the ribs. During the operation, pain relieving medicine is given to help reduce discomfort later on.

If required, the surgeon will also save a piece of removed cartilage for use in the second operation. It is put back under the skin (in the chest wall) and the incision is stitched up.

The cartilage is then carved into shape, using the stencil drawings taken in the planning clinic, to form the framework for the new ear. The surgeon makes a "pocket" of skin on the side of the head, slips the framework inside and closes the incision with sutures (stitches). Sometimes, it is not possible to create a "pocket" so alternative methods will be needed to create the skin.

After the operation there may be:

- A tube (drain) to take excess blood or fluid away from the site of the newly formed ear.
- A bandage around the head which needs to stay on for up to two weeks.

Are there any risks to this surgery?

There is a small chance of infection, either at the chest wall incision or the site of the new ear and therefore antibiotics will be given.

There is a small risk of bleeding during or after the operation which may cause bruises or painful swellings.

There is a small risk of breakdown of the suture line or the skin over the cartilage.

There is a small risk of the cartilage being re-absorbed into the body. This is most likely to happen if there is infection or damage to the skin.

There will be a lot of swelling for a few weeks but it will settle afterwards.

After the surgery

After their operation the patient will come back to the ward and be encouraged to mobilise (move) as soon as possible after the operation. They will receive medicine to relieve pain and be encouraged to sit upright as much as they can when in bed to help reduce the swelling.

The drain will usually be removed after 24-48 hours and then the patient can go home.

After care once discharged home

The patient should avoid sleeping on the side of the reconstructed ear for about three months.

The bandages will be removed in an outpatient clinic after 10 -14 days.

The patient may find wearing loose fitting clothing that buttons up rather than goes over the head is more comfortable.

Things to look out for

- Contact us if you notice any signs of infection, such as heat, redness, swelling or discharge from the new ear.
- You must also contact us if you see any signs of exposed cartilage (whitish in colour) or wires (silver in colour).

Getting back to normal routine

Any pain around the ribs will improve with time.

Wearing glasses can damage the new ear, so if a patient wears glasses, it is a good idea to go to the optician to have them altered so the arm does not rest on the ear.

Once the bandages are removed, the patient can go back to school, but there are some things they must be careful about.

The ear must be gently cleaned with a cotton bud to prevent a build-up of debris.

- They should start school later and finish earlier to avoid knocks and bumps from the crowds.
- No PE or sport for a month.
- No swimming for six weeks.
- No contact sports for three months.
- Keep the new ear out of direct sunlight – wear a wide brimmed hat.

The patient will be seen again in an outpatient clinic about three months after the operation.

Second stage reconstruction

The second stage usually happens between six and nine months after the first stage. It is when the surgeon lifts the newly formed ear away from the side of the patients head.

The pre-operative arrangements, operation details and after care for the second stage reconstruction are the same those for the first stage reconstruction. The second stage reconstruction operation is also carried out under general anaesthetic but it does not take as long as the first stage.

The surgeon lifts the shaped cartilage and skin away from the side of the patient's head. After releasing the ear, a small incision is made in the chest wall to remove the previously saved piece of cartilage from the first operation. This is used like a wedge to push the ear forwards into the correct position. This is then covered with a skin graft. The graft is fixed with dissolvable sutures.

The risks associated with the second stage are the same as for the first stage reconstruction.

The care afterwards is the same as for the first stage, both whilst in the hospital and when at home.

For further information or advice

If you are worried about any aspect of the reconstruction or need any further information please do call the specialist nurses or Ward 4A for advice.

Craniofacial Specialist Nurse Telephone number 0151 282 4608
Monday to Friday 9.00 am – 5.00 pm

Craniofacial Surgery Office: 0151 252 4569
Monday to Friday 9.00 am – 5.00 pm

Ward 4A 0151 2821 4490
Anytime

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

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