

Plastic surgery: There's no need for prominent ears to cause a flap

DR. ALAN MUSKETT

Plastic surgery

You don't hear a lot of songs or read a lot of poems about ears. The Eagles sing about "raven hair, ruby lips," and many acts have sung "baby's got blue eyes." Many facial features are rhapsodized about, but not ears. Ears get mentioned only if they stick out. Ears are funny-looking to start with, with all their dips and squiggles. Their main function, other than the obvious, seems to be as things to hang earrings on. Certainly, the jewelry industry would swoon without ears.

Prominent ears are ears that stick out and are, well, prominent. You can check to see if your ears are prominent. If they stick out a lot, they are prominent. Not scientific enough? Measure from the top of your ear to your head. That should be 10 to 12 millimeters (medical stuff is metric, sorry). The middle third of the ear is ordinarily 16 to 18 millimeters, and the lower third 20 to 22 millimeters. These are average measurements drawn from a large population of people.

Prominent ears are a common congenital anomaly. They do not affect hearing and pose no problem other than cosmetic. Ears are prominent for a couple of reasons. One is that the bowl of the ear, the concha, is too deep, causing the ear to protrude. Another is if the fold just inside the rim of the ear, the antihelix, is not fully developed, and the ear basically unfolds, making it stick out more.

Having ears corrected is a highly personal choice. One reason for correcting prominent ears in childhood is to prevent the cruel teasing that children can inflict on each other. Ears can be safely corrected at school age or slightly before as the ear has achieved most of its adult size. Teens or adults may wish correction to improve their body image. Many individuals like or are comfortable with their ears regardless of shape or size.

Correction of prominent ears involves three basic steps. One is reduction of the oversized conchal bowl, which involves taking a wedge of cartilage out of the bowl. Another is the creation of the antihelix (that roll just inside the rim of the ear) with stitches and the selective weakening of the unfurled cartilage to create the roll as it should be. A third step is the setting back of the ear by suturing the bowl of the ear back to the head through an incision behind the ear ("pinning back" the ear.)

The surgery is usually performed with local anesthesia in teens and adults, and general anesthesia preferred in kids. After surgery the patient wears ear protectors for a couple of weeks. The swelling goes down mostly in a week or two, and pretty much altogether in three months. Complications such as infection or bleeding are unusual. The most common complication is under- or over-correction, that is the ears aren't pinned back enough or are pinned too much. Either is correctable, and only about 5 percent of patients request revision of the original procedure.

Other ear procedures include correction of torn or stretched ear lobes. I have seen some very scary keloid scars from ear piercing other than in the ear lobe, so I would discourage piercing of the ear cartilage.

Dr. Alan Muskett is a board-certified plastic surgeon at Billings Plastic Surgery. More information is available at <http://www.billingsplasticsurgery.com/>.