



PIPS *Steps*

A PUBLICATION OF THE PITTSBURGH INSTITUTE OF PLASTIC SURGERY

I'M ALL EARS

While most of my customers for cosmetic surgery are women, certain cosmetic surgical procedures hold as much appeal for men as they do for women. One of those procedures is otoplasty or ear reshaping. The procedures of **Unilateral Otoplasty** (reshaping of one ear) and **Bilateral Otoplasty** (reshaping of both ears) hold equal appeal not only for both sexes but also for a multitude of age groups, from young to old. They are relatively simple and straightforward and consequently can be undertaken on an outpatient basis and, in many cases, under local anesthesia similar to that which a dentist employs to fill a decayed tooth.

Most of us don't think about our ears unless they are asymmetrical or protrude or, worse, are asymmetrical and protrude. While the protruding ears of a six year old may add to his/her cuteness, the protruding ears of an adult not only tend to attract more attention than is perhaps desired, but, thanks to characters like **MAD Magazine's Alfred E. Newman** (the "What, me worry?" guy), have come to be associated with goofiness and even stupidity. Those people who consult me about their protruding ears would prefer that their ears are heard and not seen (pardon that pun, I just couldn't resist it).

Examine your ear and you'll find that, while it is not particularly complex in terms of the tissues which comprise it (skin, fat and cartilage), it is very complex in terms of the curves and angles which contribute to its appearance. The size, shape and position of the human ear really don't affect, positively or negatively, the ear's sound collecting ability (unlike the ears of lower species which are more specialized and movable) and consequently can be altered without compromise or damage to the ear's sound collecting ability. In other words, someone with protruding ears really doesn't "catch" sound waves any better than does someone with non-protruding ears, which allows protruding ears to be "pinned" (to use a common lay term) closer to the head without compromise of ear function.

Most protruding ears protrude because of a flat, or even absent, antihelical fold. Since the outer rim of the ear is known as the helix or helical rim, the fold just inside the outer rim is known as the antihelical fold, which usually is very convex along the anterior (front) surface of the ear, but, in the case of protruding ears, is either flat or absent. Consequently, the helical rim of the ear points lat-

erally (or out) instead of posteriorly (or back). A more acute antihelical fold is created by gaining access through the posterior surface of the ear to the ear cartilage within and employing a number of cinching sutures (stitches) to create the appropriate curvature in the ear cartilage. After six weeks of immobilization of the newly curved ear cartilage (usually with an elastic headband worn primarily during sleep), the ear cartilage adapts to its new shape and maintains that shape without help. The resulting surgical scar is well hidden along the posterior surface of the ear and generally proves to be an imperceptible scar after it "matures", a process which can require anywhere from 12 to 24 months.

Most of the patients I see with regard to protruding ears are reasonably satisfied with the overall size and symmetry of their ears and are concerned only with the protrusion of their ears which is corrected as I just described. Not uncommonly, though, I see patients whose ears not only protrude but also are asymmetrical owing to other deformities of ear cartilage. If the superior (upper) helical rim does not fold over itself and is flat, the end result is a pointed ear (similar to that of *Star Trek's* Mr. Spock) known as a "satyr ear". On the other hand, if the superior helical rim fold is more pronounced and lower than would be expected, given the remainder of the ear size and shape, the end result is a contracted or "cupped ear". These problems can be addressed at the same time ear protrusion is addressed, again by creating folds in the cartilage or by scoring the cartilage with a scalpel to unfold the cartilage.

Following surgery I normally encase the ear(s) in a compressive, turban-like dressing which I remove on the second or third post-operative day at which time, as I indicated earlier, use of an elastic headband is initiated and continued for approximately six weeks, at least during sleep. The procedure of Unilateral or Bilateral Otoplasty results in minimal to no post operative discomfort and, when undertaken properly, generally results in a very presentable and believable ear (or pair of ears) within a couple of weeks post surgery.

Given the current trend in the health insurance industry toward Managed Care, fewer and fewer health insurers willingly "cover" Unilateral or Bilateral Otoplasty which, until a few years ago, just about all health insurers regarded as congenital anomalies or birth defects. However, since Unilateral or Bilateral Otoplasty can be undertaken on an outpatient basis and usually does not require the services of an anesthesiologist or anesthetist, the out-of-pocket cost to the individual undergoing such surgery is, in my opinion at least, reasonable and affordable.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.



THE
PITTSBURGH INSTITUTE OF
PLASTIC SURGERY

... where the art of plastic surgery is State of the Art. ...