

**Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities
Forum Statement**

NUMBER: 93

SUBJECT: Correction of Congenital Ear Deformity (Pinnaplasty)

DATE: May 2018

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Guidance

Treatment of prominent ears is a low priority. Patients should only be routinely referred or considered for surgery under the following circumstances:

- Prominent ears in children between 5-15 years at time of referral that is sufficient to cause distress to the child

AND

- The child should express desire for procedure (rather than parent or carer).

Surgery for patients aged 16 years plus will not normally be funded.

In the case of infants up to the age of 6 months, parents or guardians can chose to self-manage with cartilage moulding devices (non-surgical). Due to lack of evidence of cost-effectiveness these will not be funded by the NHS.

Background and rationale for pinnaplasty

Prominent ears are also called bat ears or protruding ears, and are “defined as the abnormal protrusion of the ears from the head” [1]. They occur when there is failure of the cartilaginous folds of the ear forming normally [2]. Prominent ears affects 5% of the population and can be unilateral or bilateral [1].

The rationale for treatment for prominent ears is because it is known that children with abnormal external appearance are more likely to be teased or bullied [3]. This can lead to poor self-esteem, confidence and they can be more prone to mental health conditions such as anxiety and depression.

Cosmetic operations such as pinnaplasty (also known as otoplasty) can be used to change the appearance of prominent ears. This can be performed under local or general anaesthetic with incision or incisionless technique [4]. Non-surgical techniques such as cartilage moulding devices are used in babies up to 6 months of age [5], as the cartilage is more malleable and amenable to permanent change in shape.

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