

Battling 'big ear' anguish

Help is at hand for those with bat ears.

by Dr Karen Sng, Plastic Surgeon



Bat ears – ears that stick out too far – are a burden for the few who suffer them. These prominent ears are known to cause psychological issues and emotional distress when children are teased and called names by their peers. This may lead to self-image problems, resulting in poor self-confidence, social avoidance or avoidance behaviour, and may have other consequences such as performance in school being affected. Even though the teasing may stop or become less frequent as the person reaches adulthood, the psychological effects may have long term implications on one's self-esteem.

Cause and effect of big ears

Prominent ears affect about five per cent of the population, and may affect only one side or both sides. The condition may be inherited or may occur spontaneously. These prominent ears are often formed due to problems in the development of different parts of the ear cartilage while the baby is in the womb. There are two common defects that can result in a prominent ear: an underdevelopment of one of the folds of the cartilage near the outer rim of the ear (the antihelical fold); or the overdevelopment of the inner part of the ear cartilage (called the concha).

There are no functional problems that result from having prominent ears – the ability to hear and balance are all unaffected. Though there is no physical or medical impact, this is not to say there is no harm in having prominent ears. The main challenge is in overcoming the psychological effects of being teased. Little girls may be self-conscious about tying up their hair and boys may suffer teasing and mean names. Even in adults, having big ears may affect self-confidence in social or work situations and affect the ability to feel

attractive or confident. Correcting the problem can give a tremendous boost to self-esteem. It should be thought of not so much as a cosmetic enhancement but a restoration of a normal structure.

Ear reshaping surgery

The definitive treatment to correct bat ears is surgery called otoplasty or pinnaplasty. In babies under a month with protruding ears, an ear splint may be used with some success. This 'resets' the soft neonatal cartilage using a splint to keep the ear in the new position.

More conventionally, the cartilage is remodelled surgically to create the missing folds and position the ear closer to the head. The reshaped ear is then held in place with stitches to reinforce the new shape while it heals. If there is overdevelopment of the inner cartilage (the concha) then this extra tissue is trimmed to allow the ear to 'sit' in a more normal position. Excess skin may also need to be removed.

It is important to understand that a normal ear is not 'stuck down' to the head; there is a natural angle that is formed between the ear and the back of the head. Therefore the aim is not to 'stitch the ear down to the head'; rather it is to simulate the shape, folds and angulation of a normal ear.

Surgery can be done under local anaesthesia for adult patients, but children will usually need a general anaesthetic for the procedure which takes anywhere from an hour to two hours. Good postoperative care is important to allow the ear to heal to minimise the recurrence of the problem. Postoperative use of bandages and headbands is required, as well as avoiding contact sports or pulling at the ear while it is in its healing phase.



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