

# Patient information and consent to pinnaplasty - correction of prominent ear(s)

## Key messages for patients

- **Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.**
- Please bring with you any medications you use (including patches, creams and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. **Do not** take any medications used to treat diabetes.
- Please call Jayne Broad (secretary to Mr Ahmad, Mr Hall and Miss Treharne) on **01223 274366** or Amanda Smith (Mr Grant's secretary) on **01223 346080** if you have any questions or concerns about this procedure or your appointment.

**Please read this information carefully**, you and your health professional will sign it to document your consent.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

## About Pinnaplasty

Correction of prominent ears (also known as pinnaplasty) is used to adjust the position of ears that are considered to protrude excessively, to a more 'normal' position. In young children a general anaesthetic is required. Often the procedure takes place in the Day Surgery Unit but, occasionally hospital admission for up to three days is required.

The operation involves the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position.

## Intended benefits

To correct prominent ears and adjust them to a more normal position. People with prominent ears can be very distressed by the way they look so, for most people, the benefits are greater than the disadvantages.

## Who will perform my procedure?

This procedure will be performed by a member of the surgical team.

## Before your procedure

Most patients attend a pre-admission clinic, when you will meet a nurse and member of the surgical team. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you.

This procedure involves the use of either general or local anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

You might have the choice to have this done as a day-case procedure or to stay overnight afterwards. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

You must not have anything to eat six hours before and no clear fluids two hours before your procedure.

## During the procedure

Before your procedure, you will be given the necessary anaesthetic - see below for details of this.

The operation involves adjustment of the ear cartilage, in order to reduce its tendency to spring back to its original position, via an incision behind the ear. The adjustment is done using permanent stitches and/or cuts in the cartilage. Stitches are used to close the incisions (wounds) in the skin. The whole procedure usually takes one to two hours (both ears), and the operation produces a curved-vertical scar behind the ear. The scar usually heals well and becomes inconspicuous after several months; however, in some people, it can become thickened and more prominent than usual (see 'risk section').

At the end of the operation, we will put a head bandage over your ears. You may be required to wear this for up to 7 to 10 days. This ensures that the ears remain in the corrected position while healing takes place. It also prevents the ears from being pulled forward inadvertently, which might cause the wound to open up. If the bandages become loose or fall off at any stage, please contact the plastic surgery ward so we can make an appointment for them to be adjusted or reapplied.

## After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

**If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.**



**Eating and drinking.** You will need to rest until the effects of the general anaesthetic have passed. When you feel ready, you can begin to drink and eat, starting with clear fluids.



**Getting about after the procedure.** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.

Your ears will be sore. This is normally relieved using simple painkillers such as paracetamol (for example, Calpol for children) but you should contact the ward if the pain is severe or if you notice any bleeding through the bandages. If severe itching is a problem, contact your general practitioner (GP) or we suggest that you buy an antihistamine medicine from your chemist (ask the pharmacist for advice).

We will remove the head bandage on the ward after 7-10 days. There might be a small number of stitches that we will remove at the same time. At this stage, your ears will still be quite swollen and bruised. Do not worry because they will settle down and look much better after a few weeks. A head bandage should be worn at night for at least two - eight weeks after the first bandage has been removed. A sports headband is often a suitable and much more convenient alternative, but you will have to provide this yourself.



**Leaving hospital.** If the operation has been planned as a day case, you will be able to go home once you have recovered from the anaesthetic.



**Resuming normal activities including work.** After removal of the stitches, you may return to work / school, but you should avoid swimming and contact sports for another four weeks.



**Special measures after the procedure.** You may wash your hair once the head bandage has been removed, but you should use a gentle shampoo such as baby shampoo or one intended for frequent use.



**Check-ups and results.** An outpatient appointment will be made for you to see the surgeon about three months after the operation.

## Significant, unavoidable or frequently occurring risks of this procedure

All operations carry risks. A few of the more common problems are listed below. This list is intended to inform rather than alarm and while it does not cover everything that can go wrong it includes the more common problems.

**Scars:** Occasionally the scars behind your ears become slightly thickened over time and very rarely they can become very prominent and unsightly. There is no way of predicting this response because the way skin heals varies from person to person. Prominent scars can be treated, but often they are easily covered by the hair and being behind the ears makes them relatively inconspicuous.

**Shape:** Most ears are not perfectly identical. Perfect symmetry between your ears cannot be guaranteed after the operation, although conspicuous differences are uncommon. In some cases, the shape of the ear is not satisfactory after the operation, and further surgery may be required to correct this.

**Haematoma (bleeding and bruising):** Occasionally some blood from the wound comes through the dressings after the operation. This, especially if it is associated with severe pain, usually means there is persistent bleeding from the wound. If this happens you should contact the ward, because it usually requires a small additional operation to clear out any blood clots and control the source of the bleeding.

**Wound Breakdown:** Very occasionally the wound(s) behind the ears start to open up after the stitches are removed. If this happens, you will need to have further dressings put on by the ward staff until the wound(s) heal on their own. Depending on the size of the gap, this can take a few weeks to heal. Most patients consider this just to be a nuisance and it rarely spoils the final result.

**Stitches:** Sometimes absorbable stitches are used for the back of the ear(s). These do not need to be removed unless they start to move up to the skin surface where they can cause irritation.

**Recurrence:** Sometimes one or more of the internal sutures holding the cartilage in its new position can break in the early postoperative period, causing the ear to become prominent again. If this occurs then further surgery will be required to redo the sutures.

## Alternative procedures that are available

The alternative to this surgery is to decide not to have surgery. Your GP may be able to refer you to a psychologist for counselling to help with confidence or bullying issues.

## Information and support



We may give you some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the ward sister.

## Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.

### Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

### Pre-medication

You may be prescribed a 'premed' prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific

for the procedure that you are going to have or for any medical conditions that you may have. *Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.*

### **Moving to the operating room or theatre**

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

### **General anaesthesia**

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

### **Regional anaesthesia**

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

## What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

## What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

### Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery  
Sore throat  
Dizziness, blurred vision  
Headache  
Bladder problems  
Damage to lips or tongue (usually minor)  
Itching  
Aches, pains and backache  
Pain during injection of drugs  
Bruising and soreness  
Confusion or memory loss

### Uncommon side effects and complications (1 in 1000 people)

Chest infection  
Muscle pains  
Slow breathing (depressed respiration)  
Damage to teeth  
An existing medical condition getting worse  
Awareness (becoming conscious during your operation)

### Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

Damage to the eyes  
Heart attack or stroke  
Serious allergy to drugs  
Nerve damage

Death  
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

## **Important things you need to know**

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

**All information we hold about you is stored according to the Data Protection Act 1998.**



## Information about important questions on the consent form

### 1 Creutzfeldt Jakob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

### 2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

### 3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

### 4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet '*Donating tissue or cells for research*' gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on **01223 216756**.



## Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169



## Help with this leaflet



If you would like this information in **large print**, another language or in audio format, please ask the department to contact Patient Information on 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

## Document history

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# Consent Form

## Pinnaplasty

### For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

**A** Patient's side left / right or N/A

### Consultant or other responsible health professional

Name and job title: .....

Any special needs of the patient (e.g. help with communication)? .....

Please use 'Procedure completed' stamp here on completion:

### **B** Statement of health professional (details of treatment, risks and benefits)

**1** I confirm I am a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

**a)** the intended benefits of the procedure (please state)

To correct prominent ears

**b)** the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- Scars
- Shape
- Haematoma
- Wound Breakdown
- Stitches
- Recurrence

**c)** what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

# Consent Form

## For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

## Pinnaplasty

d) any extra procedures that might become necessary during the procedure such as:

Blood transfusion

Other procedure (please state)

.....  
.....

The following information leaflet has been provided:

### Pinnaplasty

Version, reference and date: CF153, version 4, September 2012

or  I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

General and/or regional anaesthesia

Local anaesthesia

Sedation

None

**Signed** (Health professional): ..... Date:   /  /  

**Name** (PRINT): ..... Time (24hr):   :  :  

**Designation**: ..... Contact/bleep no: .....

## C Consent of patient / person with parental responsibility

**I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.**

**Important:** please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

### 1 Creutzfeldt Jakob disease (CJD)

Have you ever been notified that you are at risk of CJD or variant CJD

for public health purposes? If yes, please inform your health professional.

Yes

No

### 2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

Yes

No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

Yes

No

### 3 Students in training

I agree to the involvement of medical and other students as part of their formal training.

Yes

No

# Consent Form

## Pinnaplasy

**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

### 4 Use of Tissue

**a) I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

Yes  No

**b) Where additional clinical information is needed for the purposes of ethically approved research, I agree** that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

Yes  No

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

**I have read and understood** the Patient Information about this procedure and the above additional information. **I agree** to the procedure or treatment.

**Signed** (Patient): ..... Date:     /    /        

**Name of patient** (PRINT): .....

*If signing for a child or young person; delete if not applicable.*

**I confirm** I am a person with **parental responsibility** for the patient named on this form.

**Signed:** ..... Date:     /    /        

**Relationship to patient:** .....

*If the patient is unable to sign but has indicated his/her consent, a witness should sign below.*

**Signed** (Witness): ..... Date:     /    /        

**Name of witness** (PRINT): .....

**Address:** .....

# Consent Form

## Pinnaplasty

**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

### D Confirmation of consent

**Confirmation of consent** (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

**Signed** (Health professional): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): ..... Job title: .....

**Please initial to confirm all sections have been completed:** .....

### E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

**Signed** (Interpreter): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): .....

Or, please note the language line reference ID number: .....

### F Withdrawal of patient consent

The patient has withdrawn consent (ask patient to sign and date here)

**Signed** (Patient): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Signed** (Health professional): ..... Date: ..D.D./M.M./Y.Y.Y.Y.....

**Name** (PRINT): ..... Job title: .....