PROCEDURE

Cosmetic ear surgery

Cosmetic ear surgery reshapes or repositions the visible outer ear.

PURPOSE
Reshape, resize, or reposition visible outer ears

PROCEDURE TYPE
Therapeutic - surgical reshaping of the outer ear

WHERE IT IS DONE
Operating theatre or outpatient surgical facility

ANAESTHESIA
Local or general, based on age and procedure

HOW LONG IT TAKES
1 to 3 hours

PREPARATION
Medication review; fasting if instructed; arrange transport home

RECOVERY
Same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, asymmetry, and troublesome scarring

RESULTS
Visible immediately; final shape settles over weeks to months

Overview

Cosmetic ear surgery, often called otoplasty, changes the size, shape, position, or proportion of the visible outer ear. Ear pinning brings prominent ears closer to the head.

The surgeon reshapes the cartilage that gives the ear its form. The procedure does not normally affect the ear canal, eardrum, or hearing. Surgery can make the ears more balanced, but not perfectly identical.

Why the procedure is performed

You may consider surgery because your ears:

The aim is usually to make the ears less noticeable and better balanced with the face. Other

techniques can repair stretched or split earlobes.

This is generally an appearance-changing procedure, not a treatment for hearing problems. It may improve confidence, but emotional outcomes cannot be guaranteed.

- Project farther from your head than you would like
- Appear large compared with your facial features
- Have an uneven or folded shape
- Look noticeably different from each other
- Have changed after an injury or previous operation

Who should and should not have it

Surgery may be suitable if your ear cartilage is sufficiently developed, you are in reasonable health, and you understand the likely result. Children must be able to cooperate with wound care and avoid pulling at dressings.

Your surgeon should assess your ears, skin, medical history, healing risks, goals, and expectations. The procedure may be avoided or delayed if you have:

Do not stop a prescribed blood thinner like warfarin or apixaban yourself. The prescriber and surgical team must decide whether it can be changed safely.

For a child, consider their wishes, maturity, ear development, and ability to manage recovery. Surgery should not be driven only by pressure from others.

- An active skin, ear, or other infection
- A condition that makes anaesthesia or healing unsafe
- Poorly controlled bleeding or clotting problems
- Medicines that increase bleeding risk and cannot safely be adjusted
- Ongoing nicotine use that significantly raises healing risk
- Expectations that surgery cannot realistically meet
- Serious body-image concerns that need assessment first

How to prepare

Follow your treating facility's instructions because preparation depends on the operation and type of anaesthesia.

Tell the team about all medicines, over-the-counter products, vitamins, supplements, allergies, anaesthetic reactions, and bleeding problems. Follow instructions about which medicines to take or pause.

Nicotine reduces blood flow to healing tissue. If you smoke, vape, or use nicotine, ask when to stop before surgery and when it is safe to restart.

If instructed to fast before general anaesthesia, follow the exact limits on food and drink. Surgery may be postponed if you do not.

Wash your hair beforehand if advised. Do not apply makeup or hair products near the ears, and remove jewellery as instructed.

Arrange transport home. After general anaesthesia or sedation, you may need a responsible adult to stay with you for the first night.

What happens during the procedure

The surgeon confirms the plan and may mark your skin. Local anaesthetic numbs the ears while you remain awake; general anaesthesia makes you unconscious.

For prominent ears, the surgeon usually cuts within the crease behind each ear. They may reshape, fold, score, or remove some cartilage, then use internal stitches to hold its new position.

Other changes may require incisions on the front of the ear, placed within natural folds where possible. The skin is closed with stitches, and a padded dressing or head bandage protects the ears and limits swelling.

Most people go home the same day after monitoring.

Recovery and what to expect afterward

Soreness, pressure, or throbbing is common. Use the pain relief recommended by your team. Do not add aspirin or anti-inflammatory medicines unless they confirm these are safe.

Eat and drink once you are awake and not feeling sick. Start with light food if needed.

Keep the dressing clean and dry. After it is removed, you may need a soft headband, particularly at night. Sleep on your back and avoid pressure on the ears. Early swelling, bruising, itching, and temporary numbness are expected.

Walking is encouraged, but avoid strenuous exercise, swimming, contact sports, and anything that could bend or strike the ears until cleared. Ask when you can wash your hair, wear glasses,

or use over-ear headphones.

Do not drive home after sedation or general anaesthesia. Drive only when restrictions have ended, you are not taking medicines that impair alertness, and you can turn your head and react safely.

Many people return to school or desk work within several days to two weeks. Physical work may require longer.

Risks and possible complications

Risks include:

A blood collection can pressure the cartilage and may need prompt treatment. Cartilage infection can alter the final ear shape.

Some problems can be treated with revision surgery, but another operation has its own risks and cannot guarantee the desired result.

- Bleeding or blood collecting beneath the skin
- Infection of the skin or cartilage
- Poor wound healing or skin damage
- Raised, widened, or thick scars
- Temporary or lasting sensation changes
- Persistent pain or tenderness
- Visible stitches or stitches emerging through the skin
- Asymmetry, overcorrection, or an unnatural contour
- The ear moving toward its previous position
- A reaction to anaesthetic medicines

Results and follow up

The change is visible immediately, although dressings and swelling obscure the detail. Swelling and bruising settle over several weeks. Scars may remain pink or firm for months before maturing.

Attend follow-up appointments so the team can check the wounds, review or remove stitches, and advise about washing, headbands, exercise, and sleep position.

Results are intended to last, but ageing, injury, healing, or cartilage tension may change the appearance. Contact the clinic if you are concerned, while allowing swelling to settle before judging the final shape.

Alternatives

You do not have to have surgery. Alternatives include:

Ask why the proposed technique suits your ears and what may be lost by choosing a less invasive option.

- No treatment: avoids surgical risks but does not change the ears
- Hairstyles, hats, or accessories: conceal the ears only while used
- Ear moulding for newborns: may reshape soft cartilage without surgery but is time-sensitive and generally ineffective later
- Counselling or psychological support: may help with teasing, confidence, or body-image distress but does not reshape the ears
- A different surgical technique: may use smaller incisions or permanent sutures but can still cause recurrence or complications
- A prosthetic ear: may replace an absent ear but needs specialist fitting and ongoing care

When to call your healthcare team

Contact the surgical team promptly if:

Seek emergency help for breathing difficulty, collapse, severe chest pain, or rapidly worsening swelling of the face, lips, tongue, or throat.

Routine questions about dressings, headbands, mild bruising, work, exercise, or stitch care can usually wait for office hours unless symptoms worsen.

- Pain is worsening rather than improving
- One ear becomes much more swollen than the other
- The dressing becomes increasingly tight or blood soaks through it
- You develop spreading redness, increasing warmth, pus, a bad smell, or fever
- The wound opens

- An ear becomes pale, dark, or unusually cold

Common questions

Will I be asleep?

Adults may have local anaesthetic, sometimes with sedation. Children and people having more extensive surgery often have general anaesthesia. Your team will explain the planned option before consent.

Can I drive home?

No after sedation or general anaesthesia. Arrange transport. Driving may also be unsafe after local anaesthetic if a bulky dressing restricts movement or vision.

How painful is cosmetic ear surgery?

Soreness, tightness, and pressure are common for the first few days and should improve. Severe or increasing pain needs prompt advice because it can indicate bleeding or pressure beneath the skin.

When will I know the final result?

The main change is immediate, but swelling affects the early shape. The result becomes clearer over several weeks, while scars may take months to mature.

Will the scars show?

Incisions are usually behind the ear or within natural folds. Scars do not disappear completely, and some become raised or widened.

Can my ears stick out again?

Some correction can be lost as tissues heal or stitches loosen. A major return toward the previous position may require further assessment.

Sources

- NHS. "Ear correction surgery, including ear pinning." Patient guidance on indications, surgery, recovery, and complications.
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- Royal College of Surgeons of England. Cosmetic Surgery: Information for Patients . Guidance on choosing and preparing for cosmetic procedures.