



PATIENT INFORMATION

Ear Surgery

Otoplasty, Earlobe Repair & Earlobe Reduction

Your guide to surgery & recovery

CONSULTANT-LED CARE · WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains otoplasty (pinnaplasty), earlobe repair and earlobe reduction, what to expect in the days and weeks after your operation, how to look after your ears at home, and when to contact us. Please read it before your operation and keep it somewhere handy during your recovery. Most people recover smoothly, and following this advice gives you the best chance of a comfortable recovery and a good result.

Your care is consultant-led from your first consultation to your final review. If anything in this guide differs from the instructions your surgeon has given you personally, **follow your surgeon's advice.**

Your surgical team

Mr Rob Laycock

CONSULTANT MAXILLOFACIAL & FACIAL PLASTIC SURGEON • MEDICAL DIRECTOR

MBChB, BDS, PG Cert Ed, FHEA, MFDS, MRCS, FRCSEd • GMC 6145445 • GDC 76318

Mr Laycock has over 20 years' surgical experience and leads The Pinewoods Clinic. A University of Manchester graduate, he completed specialist training in cosmetic and reconstructive facial surgery in the UK and abroad, with fellowship expertise in facial rejuvenation, eyelid surgery and skin cancer reconstruction, and further training in rhinoplasty and orthognathic surgery in the USA and the Netherlands.

He holds NHS consultant posts at Aintree University Hospital and the Countess of Chester Hospital, is an examiner for the Royal College of Surgeons of Edinburgh and is Training Programme Director for the North West.

Mr David Houghton

CONSULTANT ORAL & MAXILLOFACIAL SURGEON

MBBS, BChD, MFDS RCSEd, MRCSEd, FRCSEd (OMFS), PG Cert (Ed), PGDip (Surg Sci), PGDip (OMFS) • GMC 7456960

Mr Houghton is dual qualified in dentistry (Leeds) and medicine (York). He ranked first in the UK national recruitment for Oral and Maxillofacial Surgery and trained at the Liverpool Head and Neck Centre (Aintree University Hospital) and Alder Hey Children's Hospital, developing interests in skin cancer, post-traumatic facial deformity and facial plastic surgery.

He has completed further training in rhinoplasty, orthognathic and facial plastic surgery in the UK and Europe, and was awarded his Fellowship of the Royal College of Surgeons (OMFS) in 2021.

How to reach us

Telephone **0151 380 0055** • Email treatment@pinewoodsclinic.com

All voicemails and website contact forms are monitored. See Section 10 for urgent warning signs.

SECTION 01

About ear surgery

Ear surgery can reshape and reposition ears that stick out or are misshapen, and repair or reshape the earlobes. This guide covers three procedures, which can be carried out on their own or together.

Otoplasty (pinnaplasty)

Also known as ear pinning, this reshapes and repositions prominent or misshapen ears so they sit closer to the head with a natural shape. It is suitable for adults and older children once the ears are close to adult size.

Earlobe repair

Repairs earlobes that have been split or stretched by heavy earrings, ear gauges or injury, so that the lobe is whole again and can usually be re-pierced.

Earlobe reduction

Reduces earlobes that are large, long or have stretched with age, bringing them into better proportion with the rest of the ear.

Realistic expectations

Ears are rarely perfectly symmetrical to begin with. The aim is natural-looking, balanced ears. Individual results vary, and it is important to discuss your goals openly with your surgeon.

Your consultation

Before surgery you will meet your surgeon to discuss your goals, medical history and expectations. Your ears will be examined and photographed for your records with your consent. You may be asked to stop certain medicines or supplements that increase bleeding, and occasionally to have tests such as blood tests before your operation.

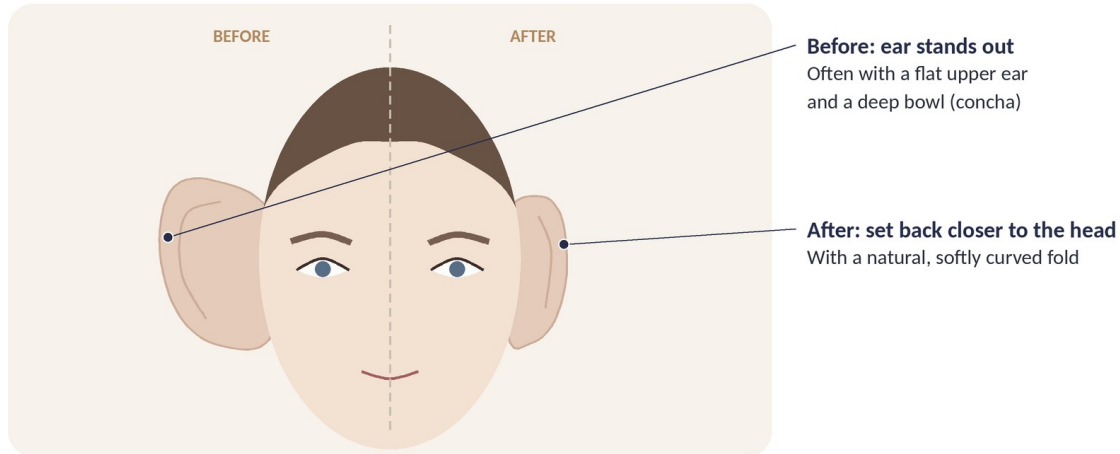
SECTION 02

Otoplasty

Otoplasty is performed under local anaesthetic with sedation or under general anaesthetic, depending on your preference and your surgeon’s advice, and usually takes 1 to 2 hours. An incision is made in the crease behind the ear to reach the cartilage, which is reshaped and repositioned with permanent stitches. Sometimes a small amount of skin or cartilage is removed. The incision is closed and a protective head dressing is applied.

1 FRONT VIEW

Before and after otoplasty



2 HOW IT IS DONE

Reshaping the cartilage through a hidden incision

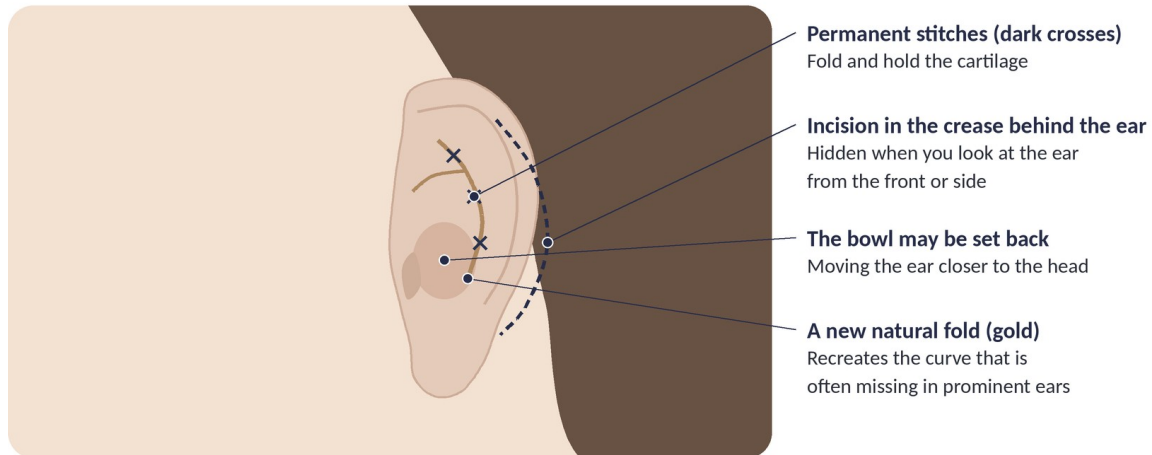


Illustration for guidance only. The technique is tailored to the shape of your ears.

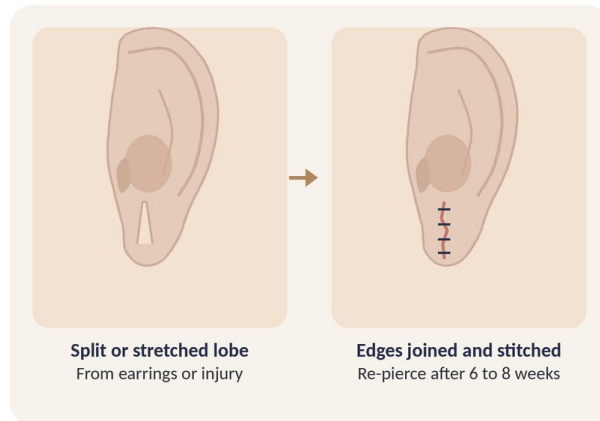
SECTION 03

Earlobe repair and reduction

Earlobe surgery is usually carried out under local anaesthetic, so you are awake but the area is numb. It takes around 30 to 60 minutes and you can go home straight afterwards.

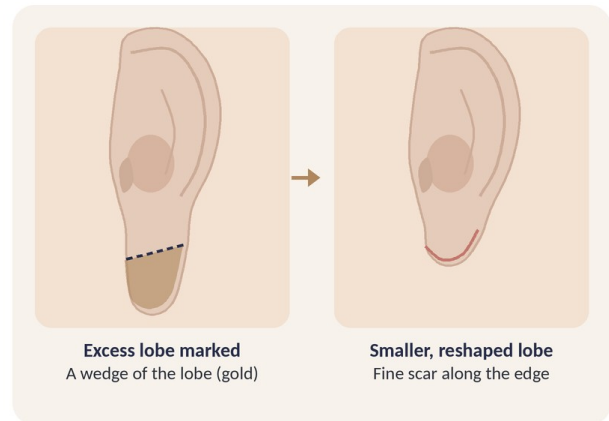
1 TORN OR STRETCHED LOBE

Earlobe repair



2 LARGE OR LONG LOBE

Earlobe reduction



Earlobe repair

The edges of the split or stretched hole are trimmed and the lobe is stitched back together in layers. A small zigzag may be used to prevent a notch forming at the edge as the scar settles.

The ear can usually be re-pierced after 6 to 8 weeks, slightly away from the scar.

Earlobe reduction

A carefully planned wedge or edge of the lobe is removed and the lobe is closed with fine stitches, reducing its size while keeping a natural shape. The scar sits along the edge or back of the lobe.

Existing piercings can often be kept or repositioned.

Protecting your repair long term

A repaired earlobe is not stronger than normal tissue. To reduce the risk of tearing again, choose lighter earrings, avoid wearing earrings in bed or during sport, and consider clip-on or stud earrings.

SECTION 04

Risks and possible complications

Ear surgery is generally very safe, but it is essential to understand the possible risks and discuss them with your surgeon before your operation.

COMMON

Expected in many patients and usually temporary

- ◆ **Discomfort, swelling and bruising** — usually settle within a few weeks.
- ◆ **Changes in sensation** — numbness or sensitivity of the ears, usually temporary and occasionally permanent.
- ◆ **Scarring** — mostly hidden behind the ear or along the lobe; some visible scarring may occur.

LESS COMMON

Can occur and may need further treatment

- ◆ **Infection** — usually managed with antibiotics; infection of the cartilage needs prompt treatment.
- ◆ **Bleeding or a collection of blood under the dressing** — may need draining.
- ◆ **Asymmetry** — slight differences between the two ears are common.
- ◆ **Recurrence** — the ear may gradually move back towards its original position because of cartilage memory.
- ◆ **Stitches felt or working through the skin** — can be removed easily.
- ◆ **Skin contour irregularities or a notch in the earlobe** — usually minimal.
- ◆ **Thick or raised (keloid) scars** — more common on the earlobe and in some skin types.

RARE

Uncommon but serious — see Section 10 for warning signs

- ◆ **Unsatisfactory result** — despite best efforts, the desired outcome may not be achieved.
- ◆ **Allergic reactions** — to anaesthetic, stitches or other materials.
- ◆ **Anaesthetic risks** — with general anaesthetic, including breathing complications and reactions to medicines.

FURTHER SURGERY

A small number of patients need a further procedure — for example if an ear gradually moves back towards its original position because of cartilage memory, if a stitch works its way through the skin, or to improve symmetry or a scar. After earlobe repair, a lobe can also tear again if heavy earrings are worn. Any revision is usually considered once healing is complete, after 3 to 6 months.

Further surgery may involve additional costs, such as theatre, anaesthetic and surgical fees. Your surgeon will explain this at your consultation and the details are set out in your treatment terms. Please ask if anything is unclear before your operation.

SECTION 05

Your recovery at a glance

Recovery after earlobe surgery is quick. Otoplasty takes a little longer, mainly because the ears need protecting while the cartilage settles.

WHEN	OTOPLASTY	EARLOBE REPAIR & REDUCTION
Day of surgery	Head dressing in place. Ears feel sore, tight and warm. Go home the same day with a responsible adult.	Small dressing on the lobe. Go home straight afterwards.
Days 1 - 7	Swelling and bruising peak then settle. Head dressing removed at clinic, usually within a week.	Keep the dressing dry for 48 hours, then start wound care. Stitches removed at 5 to 7 days if not dissolvable.
Week 1 - 2	Stitches removed or dissolving. Headband worn day and night. Return to work or school.	Healing well. Back to normal activities.
Weeks 2 - 6	Headband worn at night, and during sport, for several weeks.	Start scar massage once healed.
6 - 8 weeks	Return to contact sports if your surgeon agrees.	Re-piercing is usually possible.
3 - 6 months	Swelling fully settles. Final result.	Scar softens and fades.

SECTION 06

What is normal after surgery

These effects are an expected part of healing and settle with time.

Discomfort

Ears often throb and feel sore for the first few days. Paracetamol or ibuprofen usually help. Avoid aspirin unless prescribed.

Swelling & bruising

Swelling and bruising of the ears can make them look uneven at first. This settles over a few weeks, and the final result may not be apparent until then.

Numbness & tingling

The ears may feel numb, tingly or sensitive to cold. Feeling usually returns over weeks to months.

Stiffness

After otoplasty, the ears feel firm and stiff and may ache when touched or when lying on them. This improves gradually.

SECTION 07

Caring for your ears

Dressings and headband

- ◆ After otoplasty, keep the head dressing clean, dry and in place until it is removed at clinic. Don't lift it to look.
- ◆ You will then be asked to wear a **soft sports headband** over your ears to protect them and prevent them bending forwards — usually day and night for 2 weeks, then at night and during sport for several more weeks. Your surgeon will confirm how long.
- ◆ After earlobe surgery, keep the small dressing dry for 48 hours.

Daily wound care

Once the dressing is off, clean the wounds behind the ear or on the lobe **twice a day until the stitches are removed or have dissolved**, using lukewarm cooled boiled water and a cotton bud. Pat dry and apply a thin layer of **Vaseline Pure Petroleum Jelly**.

Sleeping

Sleep on your back with your head raised for the first week. Avoid lying on your ears until your surgeon advises it is safe.

Hair washing

Wash your hair gently once the head dressing is removed, taking care not to bend the ears forward. Use a hairdryer on a cool setting only.

Glasses & phones

Rest glasses arms gently, or tape them to your forehead, while the wounds heal. Use speakerphone or hold phones away from the ear.

Scar care

Once healed, massage the scars with a silicone gel such as Kelo-Cote twice a day for 3 months, and protect them from the sun.

SECTION 08

Getting back to normal

Knocks and bending the ears forwards are the main things to avoid while they heal. It is important to avoid strenuous activity and protect your ears in the early weeks.

ACTIVITY	WHEN YOU CAN RESTART
Walking & light activity	Straight away
Driving	Not within 24 hours of sedation or 48 hours of a general anaesthetic, and only when comfortable
Returning to work or school	Otoplasty: usually 1 week. Earlobe surgery: usually the next day
Exercise & gym	Gentle exercise after 1 week; strenuous exercise after 2 to 3 weeks, wearing your headband
Swimming	Once the wounds have fully healed — usually after 2 weeks
Contact sports & rough play	Avoid for 6 to 8 weeks after otoplasty
Wearing earrings	Not in a repaired lobe until healed; re-pierce after 6 to 8 weeks, away from the scar
Hair colouring & tight hats	Wait until the wounds have healed and your surgeon agrees
Smoking & vaping	Avoid — they slow healing and increase the risk of infection

SECTION 09

Your follow-up

You will have follow-up appointments to check your progress, remove dressings or stitches and make sure your ears are healing well. It is essential to attend all scheduled appointments and follow your surgeon's instructions carefully to achieve the best possible result.

Seeing your result

Because of swelling and bruising, the final result of otoplasty is not seen straight away. As the swelling subsides over the following weeks and months, you will see the improvement in the shape and position of your ears.

SECTION 10

When to get help

CONTACT US URGENTLY, OR GO TO A&E

- ◆ Severe or increasing pain in one ear, especially under the head dressing — this may be bleeding and needs checking the same day
- ◆ Heavy bleeding that does not stop after 20 minutes of firm pressure
- ◆ Swelling of the face, tongue or throat, or difficulty breathing

CONTACT THE CLINIC PROMPTLY IF YOU NOTICE

- ◆ Increasing redness, heat, swelling or tenderness of the ear, or pus
- ◆ A temperature of 38°C or above, or feeling generally unwell
- ◆ A wound that opens up, or a stitch coming through the skin
- ◆ The dressing becoming wet, soaked with blood or displaced
- ◆ Pain that is not controlled by simple painkillers

Questions or concerns

Call the clinic on **0151 380 0055**. If the line is busy, please leave a message — all voicemails and website contact forms are monitored and the team will call you back. You can also email **treatment@pinewoodscclinic.com**. Outside clinic hours, call NHS 111 for urgent advice.

SECTION 11

My recovery notes

Your nurse or surgeon will complete these details with you.

Procedure (otoplasty / earlobe repair / reduction)

Date of surgery

Surgeon

Dressing removal

Stitches (dissolvable / removal date)

Headband until

Review appointment

Medication to take home

Questions for my review

THE PINEWOODS CLINIC

Crosby Road North, Waterloo, Liverpool L22 0PJ

Telephone **0151 380 0055** • Email **treatment@pinewoodsclinic.com**

pinewoodsclinic.com • Instagram @thepinewoodsclinic • Facebook /PinewoodsClinic

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The Pinewoods Clinic

Crosby Road North, Waterloo, Liverpool L22 0PJ

0151 380 0055

Email: treatment@pinewoodsclinic.com

www.pinewoodsclinic.com

[@thepinewoodsclinic](https://www.instagram.com/thepinewoodsclinic)

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