ENT UK

at The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE

Tel: 020 7404 8373 Fax: 020 7404 4200
Email: admin@entuk.org Web: www.entuk.org

Otoplasty:
Position Paper
ENT UK 2010

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This document summarises the current status of otoplasty (pinnaplasty) surgery in terms of its indications and evidence base.

Definition

Otoplasty (pinnaplasty) is a procedure designed to realign the normal anatomical features of the ear (pinna) into a more aesthetically pleasing form. There are numerous methods available to effect this change but it is widely accepted that a broad knowledge of various surgical techniques along with an innate ability to accurately analyse the deformity concerned will result in an improved outcome. [1, 2]

Introduction

Due to the increasing demands on a stretched healthcare system, the NHS Modernization Agency instituted an 'Action on Plastic Surgery', the result being a comprehensive guide for the commissioners of plastic surgery services [3]. The paper rightly justifies the use of surgery for this problem: "prominent ears may lead to significant psychosocial dysfunction for children and adolescents and impact on the education of young children as a result of teasing and truancy".

The following criteria must be met:

- The patient must be under 19 years of age at the time of referral
- Patients seeking pinnaplasty should be seen by the surgeon and, following assessment, if there is any concern, assessed by a psychologist.
- Patients under the age of 5 at the time of referral may benefit from referral with their family for a multi-disciplinary assessment that includes a child psychologist.

Evidence

As stated above, it has been evident for some time now that the NHS is under significant financial pressure to trim some of its perceived excesses and cosmetic procedures (or "low priority procedures" as they are referred to by numerous PCT's) have been targeted, with otoplasty being among the casualties. The resultant policy has been executed in a haphazard fashion so far, resulting in a postcode lottery for many procedures, including otoplasty. This was highlighted in a paper by Henderson [4] where there was a wide range of policies from total acceptance on the one hand to absolute refusal of all procedures across 124 PCT's but, interestingly, only 9 (7.2%) adhered to the nationally produced guidelines. In 2008-09 there werer just over 3000 pinnaplsty operatonis in England (www. Hesonline.nhs.uk)

It is thus vital that ENT-UK present coherent reasons as to why otoplasty procedures should be protected from indiscriminate restrictions that are, at best, randomly applied and ill thought out.

Access to services is an important feature of any service and, according to a study by Burns et al [5] , there are a significant number of ENT surgeons across the UK who perform otoplasty (80% of respondents), enabling easy access to well trained surgeons in this area who can deliver a quality service.
At the outset, when discussing inclusion criteria, it is important to emphasise that, although otoplasty can be performed in both children and adults, it should only be performed in the NHS on children. Thus, any potential cut-backs in otoplasty surgery would only have an impact on the health and development of children in the UK.
The premise for otoplasty being performed exclusively on children in the NHS is based on motivational factors, children being motivated by psychosocial factors where the majority of adults are motivated by the need to change their appearance. This was demonstrated in a retrospective study by Horlock et al [6] where teasing was the motivational factor for 88% of the children whereas the main reason for surgery in the adult group (73%) was dissatisfaction with their appearance. Strong support for this was demonstrated by Cooper-Hobson et al [7] where 101 children between the ages of 5 – 16 were sent questionnaires to evaluate their experiences of undergoing otoplasty. The study found that there was an increase in happiness of 97%, self- confidence in 92% and, significantly, 100% reported that bullying reduced or stopped!
There are also countless research papers throughout the literature underpinning the above findings and, above all, demonstrating the enormous psychosocial benefits of improving an individual's appearance [8, 9, 10, 11].

A further reason to support otoplasty procedures being performed in the NHS is the teaching and training of future surgeons in this sphere of practice. There is a "hand in glove" synergy between trainee surgeons and the NHS. Trainees gain vital experience in the complex art of otoplasty and the NHS, in return, is supported with service provision and after hours support [12]. Allied to this, trainee surgeons along with their consultant trainers are responsible for producing high quality research and audit that, ultimately, improves the standards for our paediatric patients at the point of delivery.

Conclusion

Prominent ears are the commonest facial deformity, affecting up to 5% of children [13]. The Action On principles for eligility and service delivery wer both clear and fair. ENTUK sees no reason not to support the original stance on makintgg this important procedure available to children, and are totally opposed to the indiscriminate, harnmful and un-publicised rationing of this long established intervention. Cutting otoplasty services will disenfranchise a significant proportion of children that would potentially derive an enormous amount of current and future psychological and social benefit.

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