

Incisionless surgery to correct protruding ears

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This document is about when and how incisionless surgery can be used in the NHS to treat people with protruding ears. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This document is written to help people who have been offered this procedure (or in the case of children, their parents or carers) to decide whether to agree (consent) to it or not. It does not describe protruding ears or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The document includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 6.

What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. If a doctor wants to use incisionless surgery for protruding ears, they should make sure that extra steps are taken to explain the uncertainty about how well it works, as well as the uncertainty surrounding potential risks of the procedure. This should happen before the patient (or their parents or carers) agrees (or doesn't agree) to the procedure. The patient (or their parents or carers) should be given this document and other written information as part of the discussion. There should also be special arrangements for monitoring what happens to the patient after the procedure.

Other comments from NICE

NICE noted that protruding ears can cause distress to people and there are benefits to treatment, particularly when the procedure leaves fewer scars. However, there is not enough evidence available to prove that this procedure works.

This procedure may not be the only possible treatment for protruding ears. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Incisionless surgery to correct protruding ears

The medical name for this procedure is ‘incisionless otoplasty’.

The procedure is not described in detail here – please talk to your surgeon for a full description.

Protruding ears are caused by the cartilage in the ear failing to form properly.

There are a large number of surgical procedures used to correct protruding ears. The procedures all attempt to permanently alter the cartilage in the ears to stop them protruding, and try to leave the ears looking as natural as possible.

Incisionless surgery aims to improve the appearance of the ear without cutting into the skin. A needle may be used to score the surface of the ear cartilage to make it more flexible. Stitches (which are usually permanent) are buried under the skin behind the ear to hold its new shape. Sometimes stitches are used to fix the ear cartilage to a bone behind the ear.

What does this mean for me?

If your doctor has offered you, or your child, incisionless surgery for protruding ears, he or she should tell you NICE has decided that the benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved in having the procedure and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this discussion has taken place. You should be given written information, including this document, and have the opportunity to discuss it with your doctor before making your decision.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I (or my child) might get?
- How good are my (or my child's) chances of getting those benefits?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I (or my child) need after the procedure?
- What happens if something goes wrong?
- What may happen if I (or my child) don't have the procedure?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 2 studies on this procedure.

How well does the procedure work?

In a study including 5 patients treated by this procedure, photographs showed that the protruding ears had been corrected and all patients and their families were satisfied with the results.

In a study of 11 patients, all the results of the surgery were satisfactory and the ears were not protruding again when checked between 6 and 30 months after the procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the main aim of this procedure is to improve the appearance of the protruding ears and to stop them protruding again in the future.

Risks and possible problems

The studies NICE considered did not mention any risks or problems with the procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that possible problems include damage to the skin, the ear collapsing and needing surgery to rebuild it, poor appearance and bleeding.

More information about protruding ears

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This document is about ‘incisionless otoplasty’. This document and the full guidance aimed at healthcare professionals are available at guidance.nice.org.uk/IPG422

The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this document in their own information about this procedure.

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