

Patient agreement to investigation or treatment

Pinnaplasty: Correction of prominent ear(s)

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Brief description:

- Correction of prominent ears (also know 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.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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About Pinnaplasty

The operation involves the removal of small amounts of skin from behind the ear, and the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a nurse and a member of the surgical team.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example, bring the packaging with you).
- This procedure involves the use of either general or local anaesthesia. See below for further details about this type of anaesthesia.
- 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.

During the procedure

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- The operation involves the removal of small amounts of skin from behind the ear, and the adjustment of the ear cartilage in order to reduce its tendency to spring back to its original position. Finally, stitches are used to close the incisions (wounds) in the skin. The whole procedure usually takes less than one hour (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

- If you have had a general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a 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.
- **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 around and about:** 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. For the first two weeks after the stitches are removed, a head bandage should be worn at night. A sports headband is often a suitable and much more convenient alternative, but you will have to provide this yourself.
- **When you can leave 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.
- **When you can resume 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 you need to take after the procedure:** You may wash your hair from 10 days after the operation, 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 between one and three months after the operation.

Intended benefits of the procedure

- 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.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.

Serious or frequently occurring risks

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

- **Scars:** Occasionally the scars behind your ears become slightly thickened over time but it is rare that they 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.

Information and support

- You might be given 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.

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.

Day case anaesthesia

Many operations these days are carried out as day cases. This means you will come into hospital on the day of the operation, often only a short time before it is due to start. Sometimes you will be seen preoperatively for assessment, which is important because some people are not fit enough for day care. You will usually be seen by your anaesthetist on the admission day, in the day care ward.

Take all your normal drugs on the day of operation (unless they are diabetic drugs - do not take them): it is OK to take a sip of water to wash tablets down. The hospital will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled.

It is not usual to have a premed for day care operations, as these can slow recovery. Most day case operations are more minor, and usually do not require major pain killers afterwards. However, you may need tablets, and it is important that you have some sort of pain killers at home. If you have not, the hospital should give you a supply to take with you.

Sometimes patients do have quite a bit of pain after day case operations, and may feel sick. Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

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 done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, 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, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).

- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Usually a local anaesthetic will be given by the doctor doing the operation.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگراپ کرپہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent Form 2

Consent Form (Child or Young Person)

Parental agreement to
investigation or treatment

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Responsible health professional/job title

- Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Pinnaplasty **Side (left/right)**

Statement of health professional

(To be filled in by 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 child and his or her parent(s). In particular, I have explained:

- The intended benefits of the procedure

 - Any serious or frequently occurring risks from the procedures including those specific to the patient

 - Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his or her parents.

- The following information leaflet has been provided:
Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature..... Date:

Name (PRINT):Job title:

Contact details (if child/parent wish to discuss options later).....

- I have offered the parent information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information above to the child and his or her parents to the best of my ability, and in a way in which I believe they can understand:

Interpreter's signature: Date:

Name (PRINT):

Important notes: (tick if applicable)

- Parent has withdrawn consent (ask parent to sign/date here)
- See also advance directive/living will

Copy accepted by patient/parent: yes / no (please circle)

<p>For staff use only:</p> <p>Surname:</p> <p>First names:</p> <p>Date of birth:</p> <p>Hospital no:</p> <p>Male/Female:</p> <p>(Use hospital identification label)</p>
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Statement of parent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you and your child. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your child's treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline your child's involvement in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

- I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia.)
- I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.
- I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my child's life or to prevent serious harm to his/her health.
- I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**
- I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.
- I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.
- I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

- I agree** that tissue (including blood) not needed for my child's diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.
- I agree** to the use of photography for the purpose of diagnosis and treatment.
- I agree** to anonymised photographs being used for medical teaching.
- I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and my child and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

Child's agreement to treatment (if child wishes to sign)

I agree to have the treatment I have been told about.

Signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the child is admitted for the procedure, if the parent/child have signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and his/her parent(s) that they have no further questions and wish the procedure to go ahead.

Signature: Date:

Name (PRINT): Job Title:

