



**Hertfordshire and  
West Essex  
Integrated Care Board**

**NHS Herts and West Essex**

**Integrated Care Board (ICB)**

**Correction of Congenital Ear**

**Deformity/Pinnaplasty – Otoplasty**

**July 2022 V1.0**

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<b>Description</b>	<b>Policy for local Evidence Based Interventions procedure</b>
<b>Superseded Documents (if applicable)</b>	<b>West Essex CCG – Pinnaplasty &amp; Otoplasty Hertfordshire Priorities Forum – Correction of congenital ear deformity (Pinnaplasty)</b>

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## Document Control

Version	Page	Details of amendment	Author

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The policy should include a contents page, as set out below, and be structured around all of the headings shown (although not necessarily in the same order)

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### Appendices:

Each appendix will be numbered to follow on from the policy document.

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**Policy: Correction of congenital ear deformity/ Pinnaplasty - Otoplasty**

Funding may be available if one of the following sets of criteria are met:

**SET A**

- Age between 5 – 18 years old at the time of referral and procedure
- The child has prominent ears
- The child is suffering from significant distress, e.g. from bullying. The impact of this distress should be recorded within the application.
- Surgical correction must be desired by the child; referral should not be made for children who appear indifferent or opposed to the idea of surgery. Parents requesting surgery for their child in order to prevent distress when their child starts school or at some time in the future should be advised that referral should wait until their child specifically requests treatment.

**SET B**

- In children and adults when correction of ear prominence is required to better support a hearing aid

**Rationale**

Pinnaplasty and Otoplasty are surgical methods of correcting prominent ears. Ear prominence is very common and can lead to low self-esteem, bullying and significant psychological morbidity in childhood and adolescence. A Commissioning Guide produced by the Royal College of Surgeons advises that surgical correction should only be offered to children between the ages of 5 years and 18 years, and only in cases when the child themselves desires the correction. Referral to a specialist should not be made for children who appear indifferent or opposed to the idea of surgery; any parent requesting surgery for their child in order to prevent psychological distress should be advised that referral should wait until their child specifically requests treatment.

In infants up to the age of 6 months, cartilage moulding devices should be used, and when correctly applied and well tolerated can reduce ear prominence. However they are most effective in the neonatal period when the cartilage is malleable and therefore should be applied as soon as possible. Surgery should not be offered to children under the age of 5 years as they are unlikely to be able to tolerate the procedure or be compliant with dressings care. In addition, children less than 5 are unlikely to develop significant psychological stress associated with the appearance of their ears. However, the Royal College of Surgeons advises that surgical correction may be considered appropriate in children under the age of 5 years, when a hearing aid is required, which will be better supported following the correction of ear prominence.

**References**

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## Royal College of Surgeons. Pinnaplasty Commissioning Guide 2013

**Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.**

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