

MEATOPLASTY SURGERY

Risks, Complications and Post-operative Instructions

Meatoplasty surgery is performed to overcome an excessively narrowed entrance to the external ear canal. This may be necessary to clean the ear, to remove an obstruction due to prior disease, trauma or surgery, or to relieve humidity that predisposes to infection. In the elderly, the external ear cartilage may slip forwards, occluding the canal; to use a hearing aid with an insert, the canal may require enlargement.

Enlargement of the narrowed entrance will require skin grafting to repair the resultant skin defect of the expanded canal. This can be done using surplus skin of the expansion site, or by using grafts from other sites.

TECHNIQUE

The Hunsaker method is the simplest, effective and very reliable procedure. It utilises the patient's own anatomy. The external canal performs a frequently marked "S-bend" shape, possibly to minimise penetrating injury. If the skin is elevated off the S-bend and the underlying tissue is excised, a surplus of skin is available to cover the lingering skin defect.

To achieve this result, a semicircle of the skin of the bowl is raised, based on the ear canal skin, which is then raised as a flap down to the bony canal. The exposed soft tissue and cartilage overlying the rear of the canal, deep to the raised skin, is then excised down to the bone. This removes much of the S-bend. The elevated skin flap is too long for the straightened canal; thus, the surplus may be detached and used as a graft to cover the defect. In extreme cases, minor extra skin grafting may be needed.

The procedure is straightforward, simple, cosmetically suitable, and completed in a short time. The size of the resulting entrance may be gauged accurately. It may be combined with a wide range of other procedures that may be necessary concurrently.

More information

- External Canal Surgery
 - i. [Theory](#)
 - ii. [Canal Widening Surgery](#)
 - iii. [Total Canalplasty](#)
 - iv. [Canal Surgery Outcomes](#)

"Silverton Place"

101 Wickham Terrace
Brisbane Qld 4000

P: 07 38397677 F: 07 38325723

Other Locations

Beenleigh Sunnybank Mt Ommaney Caboolture

RISKS AND COMPLICATIONS

Skin healing

This method leaves little evident scarring, and the size of the canal is generally not excessive. Vigorous skin reaction can occur in a small minority of cases, causing a need for revision. Down syndrome cases are especially prone to these problems.

Hearing

Usually this has little effect on hearing as such, but any associated drum or chain repairs may encounter problems that are unrelated to the canal repair. Many of these will benefit from second surgery, but a small minority will not, especially if nerve damage has occurred.

Dizziness, Noise (tinnitus)

Balance/noise upsets after this form of ear surgery are rare, unless due to related further surgery.

Infection, Pain

The nature of surgery predisposes to general surgical risks but fortunately the ear is generally not troubled by these problems to a severe or prolonged extent.

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POSTOPERATIVE INSTRUCTIONS

The ear bowl and canal will have dressings that may become moist from slight bloodstained discharge. Replace the ear bowl dressings as necessary, but leave to canal dressings unmolested until their removal, usually 2 weeks after surgery. Until removal of the dressings, avoid heavy exercise, to reduce perspiration moisture within the canal. Removal of dressings is usually brief and pain-free.

Further cleaning is needed once or twice, then on less frequent occasions, perhaps once a year.

If other grafting has been used (usually from the upper arm skin) this will have an adhesive dressing. Leave this in place for one week then remove the dressing and clean the site which will be reddened, similar to a "gravel rash" and perhaps a little moist, Cover with a light dressing until dry. The redness fades over 2-3 months leaving a slightly pale and irregular skin texture.

Water sports are not possible until the canal is well healed: 6 weeks.

Antibiotics will be prescribed and provided prior to discharge. Take these as directed on the packet. Sometimes diarrhoea may occur; consult your pharmacist re medicine for this, but continue the antibiotics and take probiotics to help settle matters.

Pain, Discomfort

Analgesics will be given both in hospital and supplied at discharge. Pain after ear surgery is normally limited, but if concerned contact us for advice. Nausea is less common, but advise our staff if you require medicine for this.

Return to work when well; this is normally after a few days, unless dizziness or other problems intervene.

Our goal in canal repair cases is to deliver the best results with the greatest certainty and minimal distress. But in surgery there are no guarantees of success. If you have had a lesser result after surgery, we will do our best to treat the problem, hopefully overcoming this.

Please let us know at Queensland Otolaryngology if you have any concerns or questions, whether before or after:

Contact Numbers

Business Hours: (07) 3839 7677

After hours: (07) 3261 9570

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