

A Simple and Cost Effective Method for Haemostasis in Ear Lobe Repair

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Abstract

Lobuloplasty is a commonly done aesthetic procedure and preferably done under magnification. It is very important to have a bloodless field while operating on an ear lobe [1]. There are controversies in using adrenaline infiltration in the ear lobule. So, alternate methods for haemostasis are of importance here. Even though there is ear lobe clamps which are available for this purpose the remains cumbersome and costly. We are introducing a simple and cost effective method for attaining haemostasis in an ear lobule.

Keywords: Lobuloplasty; Sushruta; Pardue's Method; Key Chain Ring Clamp.

Introduction

Acquired torn ear lobule is a very common problem in females. It is one of the most ancient procedures in



Fig. 1: Sushruta doing ear lobe reconstruction

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plastic surgery. Sushruta [2] in his famous ancient treatise 'Sushruta Samhita' in 600 B.C., also proposed classification of mutilated ear lobe defects and techniques for repair of torn ear lobes (15 different types of Otoplasties), (Figure 1). From then there are hundreds of different methods were described.

Split ear lobule can be congenital or acquired. Acquired can be complete or incomplete. Of which mainly primary repairs, repair with Z-plasties and repair with local flaps are the major ones. The repair of congenital ear lobe cleft is usually by excision of the opposing surfaces of the clefts and approximation with or without Z-plasty. Acquired ear lobe clefts are usually due to a prolonged pull of a heavy ear ring and sometimes a sudden pull on the ear ring.

One main concern during any ear lobe repair is the proper haemostasis. It is an essential requirement for doing flap surgeries and for procedures under magnification [3, 4]. There is a controversy in using adrenaline infiltration in the ear lobes. Chalazion clamps were used by many surgeons for this purpose (Figure 2a, 2b). They are relatively costly and



Fig. 2a, 2b: Traditionally used Chalazion clamp and ear lobe clamp

cumbersome. Here we are mentioning a cost effective and easily available instrument which can be used for haemostasis in ear lobe surgeries.

Case report

46 year old lady presented to outpatient clinic in department of plastic surgery JIPMER with bilateral torn ear lobule. She had a progressive split of the bilateral ear lobules during last 1 year after using heavy ear rings resulting to incompletely split ear lobules on both sides (Figure 3). She now wishes to have a repair of the same. She was thoroughly examined and investigated to rule out co morbidities. She was planned for Pardue's method of ear lobe repair and creation of a hole at the time of primary surgery under local anaesthesia.



Fig. 3: Pre operative of key ring and bloodless field

Patient was taken for surgery, Eutectic mixture of lignocaine and prilocaine was used for local anaesthesia. Instead of using traditional ear lobe clamp we used a easily available ring of a key chain for homeostasis which was sterilized prior to surgery (Figure 4). Which was easy to apply, easily available, manipulation during surgery was easy and the haemostasis was effective.



Fig. 4: Intra operative- application

The edges of the split were freshened and the defect was made complete. A small skin flap was raised from the posterior freshened margin. The flap was rotated and sutured to the base of the flap. Flap and the remaining vertical limb sutured with 6-0 prolene. Another 2-0 prolene thread was used to space the newly created ear hole (Figure 5). Wounds healed completely, sutures removed on 5th day (Figure 6). The spacer was removed and converted to a light weight stud on day-10.



Fig. 5: Immediate post repair with prolene in situ



Fig. 6: Post op day five with prolene in situ

Discussion

There are several methods of ear lobe repairs and each has its modifications too. Each of them has its advantages and disadvantages. We used Pardue's method because of following advantages.

1. The piercing at the same old site is maintained.
2. No need of a second sitting for piercing.

There are certain principles to be followed during each repair, as suggested by Niamtu Joseph [6] as "Eleven pearls for cosmetic earlobe repair [5].

1. Control of earlobe facilitates precision repair.
2. Precision cutting of the mobile earlobe is best performed with a pressure less incision modality.
3. Small tears in the upper two-thirds of the Earlobe may be simply excised.
4. Incomplete tears that are at or below the junction of the lower one-third of the ear lobe should be converted to full tear.
5. When repairing a full-thickness earlobe repair, utilize one or two resorbable deep sutures.
6. Before final closure, place a key suture on the most inferior portion of the ear lobe.
7. Close the lateral surface of incision first.
8. Immediate re-piercing is a simple procedure that provides increased patient satisfaction.
9. All ear piercings must be perpendicular to the long axis of the earlobe.

10. Common complications are easy to correct or prevent.

11. Earlobe tears are easier to prevent than to treat.

Irrespective of type of repair, haemostasis is one of the main concerns which will affect the precision of the surgery. Our new method of haemostasis using the key chain ring clamp is a very effective method for haemostasis. It will make the surgery easier by its ease in turning to both sides and it is also stabilizing the earlobe to one side with its weight. So making the surgeon to perform the procedure without an assistant.

Our method of using ring of key chain for haemostasis which has several advantages over traditionally used clamps these are as follows:

1. Low cost haemostat
2. Easily available
3. Effective haemostasis.
4. Convenient handling during surgery.
5. Easier to hold for visualising the posterior aspect of lobule.

Conclusion

Split ear lobule is not an uncommon problem. Our case demonstrated a new method of using the key chain ring for haemostasis which is an effective method for haemostasis for split ear lobule repair. It cost effective, simple and easily available.

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