**Introduction**
This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity in the commissioning of pinnaplasty (otoplasty) services in BANES. When this policy is reviewed all available additional data on outcomes will be included in the review and the policy updated accordingly. Pinnaplasty (otoplasty) surgery and cartilage moulding techniques are methods of correction of prominent ears. Ear prominence is very common and can lead to low self-esteem, bullying and significant psychological morbidity, particularly in childhood and adolescence. However, the condition itself does not cause any physical ill health.

**Definition**
Pinnaplasty (otoplasty) is a procedure designed to realign the normal anatomical features of the ear (pinna) into a more aesthetically pleasing form.

**Criteria for Commissioning:**
- Cartilage moulding devices are advised in infants up to 6 months of age.
- Surgery in the NHS should be available for children with significant deformity or asymmetry, where the prominence measures >30mm (using the measuring guide below)

**AND**

Where there is evidence of psychological distress (presenting as documented episodes of bullying and or school refusal) in children and adolescents with prominent ears in whom corrective surgery should help to resolve these issues. Details should be provided in the referral letter.

- Surgery below the age of 5 should only be offered if correction of prominence will help in retaining hearing aids securely, in children for whom they are required.
- It is recommended that surgery is only offered to children above 5 years of age and below 18 years of age, i.e. the upper age limit for referral is 17 years and 364 days. Children under the age of 5 are less likely to tolerate the procedure well or be compliant with dressings care. Psychological distress is unlikely to have developed prior to the age of 5 and surgery can therefore be delayed until later.
- NHS surgery for prominent ears should not be offered to adults over the age of 18 years.

**Supporting Information for consideration of exceptionality**
Where surgery is requested outside of the policy criteria above, the following supporting information is required:
The size of the prominence, using the measuring guide below.

Details of any psychological distress, this should include documented evidence of, for example, bullying or school refusal to support the application.

Details of any functional problems.

Non-identifiable photographs, preferably medical illustrations if available to support the decision making process. Photographs will be considered but will not form the sole basis of the decision. It is not mandatory for photographs to be provided by a patient. If photographs are submitted then the measuring device should not be touching the ear and thereby aiding the prominence.

Details of any clinical exceptional circumstances.

It is important that it is the child who desires surgical correction; 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 psychological 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.

Prominence of the ears is associated with bullying and significant psychological distress. In individuals in whom preoperative distress is high, psychological therapy, whether or not subsequent surgery is offered, should be provided.

**Measuring guide**

One of the most consistent methods for measuring the degree of prominence is the helical-mastoid (H-M) distance. Typically, the H-M distance is 18-20 mm. As the H-M distance increases, the ear is perceived to be increasingly prominent. (please see figure 1 and 2 below).

Measure from the posterior aspect of the Helix.

Prominence = H-M distance > 20mm, but Pinnaplasty will only be considered in patients who have a >30mm prominence, unless there are other considerations e.g. in helping to retain hearing aids.

See diagram below for guidance on how to measure.

**DO NOT REFER** for prophylactic or cosmetic reasons for any case (Adult or Paediatric) as these applications will automatically be refused.
Fig 1: Anatomy of the human ear

Fig 2: The Helical – Mastoid distance (should only be measured in mm)

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Policy Exclusions
This procedure/treatment is not routinely commissioned for adults. Funding may be considered on an individual patient basis, if there is evidence of clinical exceptional
Clinicians can submit an Individual Funding Request (IFR) if they feel there is a good case for exceptionality.

Exceptionality means ‘a person to which the general rule is not applicable’. BANES sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is:

• Significantly different to the general population of patients with the condition in question.

and as a result of that difference

• They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

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General References

Please note there are no NICE guidelines or Cochrane reviews on Pinnaplasty, which were found to be relevant, when guidelines are published this policy will be automatically reviewed.


