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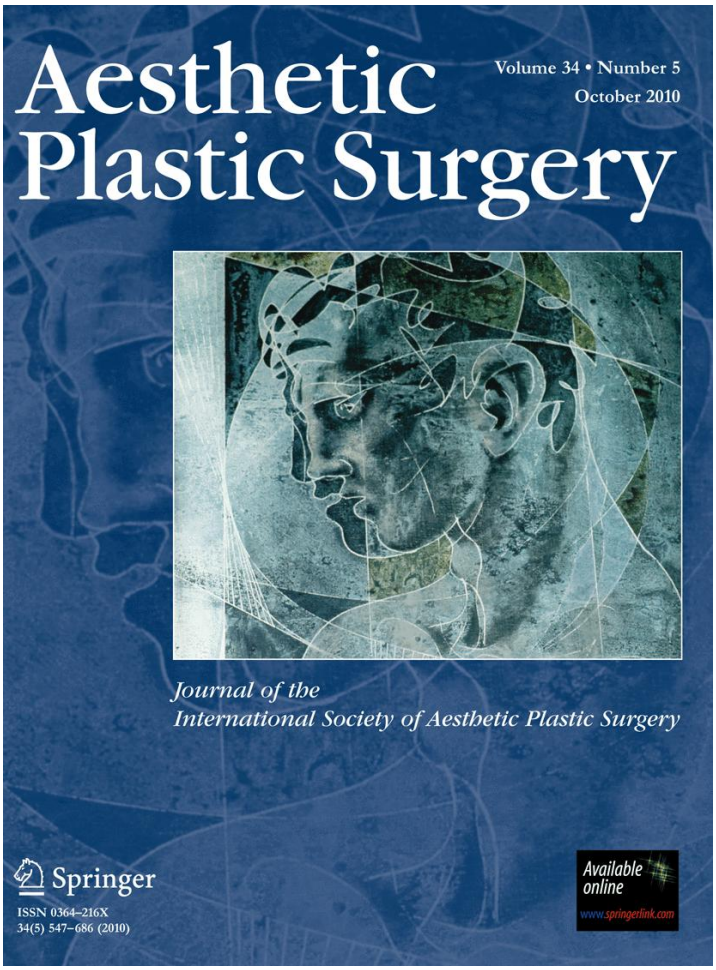

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INNOVATIVE TECHNIQUES

Surgical Correction of the Expanded Earlobe After Ear Gauging

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Abstract Expansion of the earlobe by ear gauging or plugging is an increasingly fashionable practice. As patients get older, some seek to have their ears restored to normal. This report presents a simple local flap technique that has been successful in achieving uneventful healing with acceptable cosmetic results.

Keywords Ear gauging · Earlobe expansion · Earlobes · Earlobe stretching

The practice of inserting increasingly large-bore piercings through the earlobe is known as "ear gauging" or "plugging." By a process of tissue expansion, this sequentially increases the diameter of the lumen (hole) and stretches the earlobe.

Ear gauging, a traditional tribal practice worldwide, recently has become popular in the Western world, particularly among teenagers. Career choices, parental pressure, and increasing age have led to individuals regretting their lobe expansion and seeking to have their ears restored to normal. This presents a difficult surgical problem, and anecdotally, some individuals have been turned away by plastic surgeons. There is no published technique for correcting such expanded earlobes.

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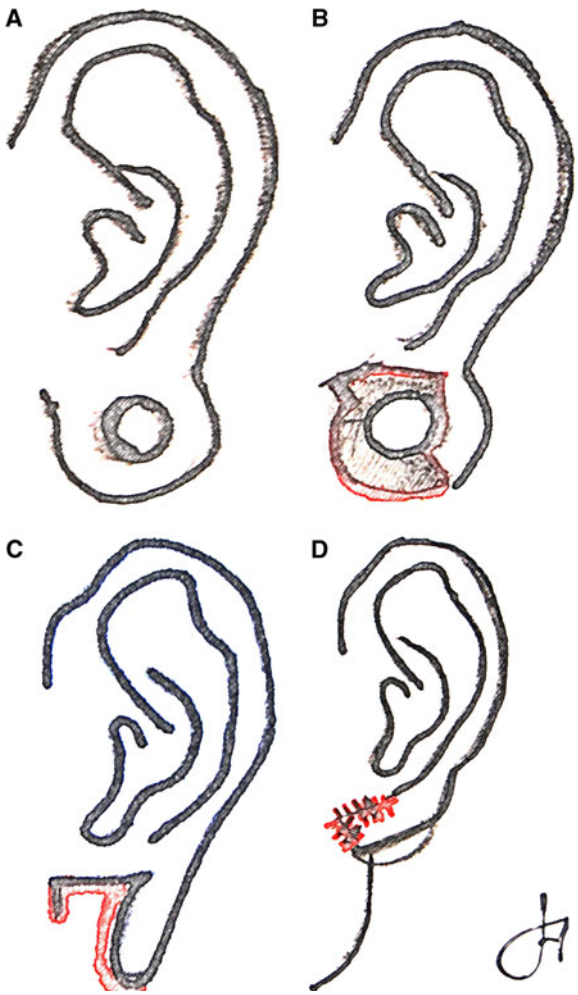

Fig. 1 **a** The defect. (**b**) Careful and conservative excision of tissue is performed. **c** The lateral earlobe becomes a random pattern flap. **d** The wound is closed in an L-shaped fashion with 5/0 Vicryl and two layers of 6/0 nylon. Topical antibiotic ointment is applied three times a day until the sutures are removed in 5–7 days

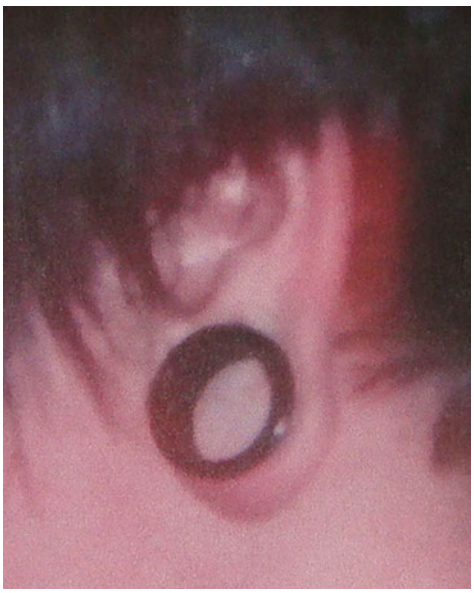

Fig. 2 Patient 1 preoperatively

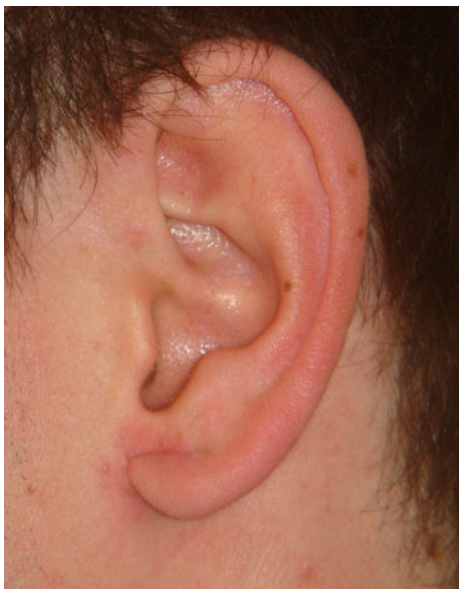

Fig. 3 Patient 1 postoperatively

We have performed six corrective procedures for three patients, with a high level of patient satisfaction and no complications. The potential risks include flap necrosis, notching, and keloid scarring.

Our approach involves an office procedure performed with the patient under local anesthesia (lidocaine with epinephrine). The procedure is shown in Fig. 1. For very large defects, both medial and lateral sides of the lobe may have to be elevated as shorter flaps to ensure good flap vascularity. Figures 2 and 3 show pre- and postoperative photographs of a single patient.