Facial Plastic Surgery for Kids?

It can be a daunting puzzle: when is the very best time to perform facial plastic surgery for a child, if surgery appears to be a reasonable and desirable option?

“There are so many factors involved in making that decision,” notes Dr. Cynthia Gregg, one of the area’s leading facial plastic surgeons and the mother of two boys.

“At what point do we, collaboratively, choose to do surgery to correct some physical abnormality or unusual physical attribute of a child, considering both the physical and psychological impact of the choice?

“Just this very day I talked with the mother of a four-year-old, a beautiful child who has a congenital lesion—a birthmark—on her face that is creating increasing concern.

“The mother wanted my view about when—or if—cosmetic surgery would be a good choice for her daughter, to remove this lesion, and so we talked about options and procedures in detail. Is it best to act now, at this early age, the child’s mother wanted to know, or better to wait until puberty or even beyond puberty?

How do we weigh and balance both the physical and psychological aspects of such a decision?

“Of course my principal role as a surgeon is to tell the parents what can safely be done surgically to improve or correct the problem, with a clear understanding of the surgical risks and benefits involved in such a procedure.

“Many very young children, for example,” Dr. Gregg explains, “require general anesthesia instead of IV sedation. That is just one of many issues related specifically to surgery and children.

“And a scar is permanent,” she notes. “We can make scars look good, but they are always there, and so to some extent we may be considering a procedure that will exchange a significant blemish for a significant scar. One of the goals of facial plastic surgery is to hide scars, which are inevitable when you do a procedure. You either hide scars behind a hairline—which is a great place to hide them—or you hide them in a crease that exists or in a place where you know a crease will exist with the aging process. But the scar is always there.

“The conversation with this mother extended well beyond the nature of the proposed surgical event, and I advised her to seek additional counsel from the child’s pediatrician and from a child psychologist, which she plans to do.”

Otoplasty

“Otoplasty is a more common procedure for children,” notes Dr. Gregg, “and it can be, and often is, a life-changing procedure for anyone—especially a child—who has to live with relentless taunts about the size and shape of their ears. It’s a procedure that helps many overcome the critical health issue of poor self-image.

“We perform this surgery to set ears closer to the head or reduce the size of large ears,” explains Dr. Gregg. “The procedure does not in any way change an individual’s ability to hear.

“Correctable abnormalities range from large over-protruding ears to small cup-like ears. Aesthetically acceptable ears come in many shapes and sizes—but there are general guidelines for the normal appearance of ears that are a good reference point.

“During the pre-operative evaluation, we look at the size and shape of an individual’s ears along with their relationship to the scalp. The procedure I use to refine the appearance of ears depends on the cause of the ear deformity.”

All otoplasty techniques involve making an incision that is eventually hidden in the natural crease behind the ear, Dr. Gregg explains. The procedure is usually done on an out-patient basis, requiring two to three hours, most often under sedation rather than general anesthesia.

“The goal is simply to create a natural, non-surgical appearance of the ear that is in proportion to the scalp and to the size and shape of the opposite ear. Even if only one ear seems to protrude, surgery on both ears may be recommended in order to achieve a symmetrical appearance.”

Especially for Children

“Otoplasty can be performed at any age after the ears have reached adult size,” Dr. Gregg notes—which typically occurs between the ages of five to seven. “Adult candidates for otoplasty need to realize that the firmer cartilage in their older ears does not provide the same molding capacity found in younger patients.

“Timing of the surgery is an important consideration for parents of children with protruding ears. Even if the ears are only mildly distorted, children can become self-conscious of their appearance. Consultation with a facial plastic surgeon or a plastic surgeon, as well as a pediatrician and perhaps a child psychologist, will help parents decide what is best for their child—not only aesthetically, but also, importantly, psychologically and physically.

“After surgery, a soft bulky dressing is placed over the ears to help maintain the new shape of the ears. The dressing is removed two to four days after the surgery, replaced by a removable headband dressing. Most patients return to work or school in four to seven days after surgery. Physical activity, especially contact sports, needs to be limited or avoided for at least a month.”

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HIGHEST SKILL LEVELS

Dr. Gregg is double board-certified by the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology—Head and Neck Surgery, a Fellow of the American Academy of Facial Plastic and Reconstructive Surgery, the American Academy of Otolaryngology—Head and Neck Surgery, American College of Surgeons, and the North Carolina Medical Society.

Before opening her private practice in Cary in 1999, she was an Assistant Professor of Facial Plastic and Reconstructive Surgery at Duke University Medical Center.

Dr. Gregg performs the full range of facial plastic surgery procedures, including forehead and brow-lift surgery, facial scar treatment to correct protruding ears (otoplasty), nasal surgery (rhinoplasty), eyelid surgery (blepharoplasty), face-lift surgery (rhytidectomy), and mid-face lift.

Dr. Joshua Surovitlz is an important addition to the practice. He completed his medical degree and a five-year residency in Otolaryngology-Head and Neck Surgery at UNC-Chapel Hill, followed by a Fellowship in Facial Plastic and Reconstructive Surgery at Stanford University in Palo Alto, California.

His clinical interests and expertise include aesthetic surgery of the aging face, neck and eyes, including face lift, brow lift, rhinoplasty, septoplasty, facial fat transfer, and facial liposuction. He also has expertise in the reconstruction of Moeh surgery and skin cancer defects, and has additional training in hair restoration.