

Your child's surgery to remove an ear tag (accessory auricle)

This leaflet is about your child's surgery to remove an ear tag (accessory auricle). An ear tag is a small lump of skin, fat or strong tissue (cartilage) in front of the ear. The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need to have their ear tag removed?

Your child is having this procedure because they were born with an ear tag. This is also called an accessory auricle. It is a harmless growth in front of one or both ears or on the cheek. The ear tag is made up of skin, fat or strong, flexible tissue (cartilage).

When a baby grows in the womb, the soft tissues that make up the outer ear may not join together correctly. This can cause an ear tag to form. Sometimes, ear tags run in the family. In rare cases, they may be part of an inherited (genetic) condition.

Most children with an ear tag have normal hearing, but sometimes there may be hearing loss on the same side. It is important for all babies to have a newborn hearing screening test.

An ear tag looks like a small lump and may attach to your child's skin on a thin stem or stalk. Although the ear tag does not cause any pain or harm, we can remove it to improve the ear's appearance. The aim of the procedure is to remove the ear tag permanently and close the skin.

Are there any other treatment options to this procedure?

It is possible to tie a string around a small ear tag with a narrow base and reduce the blood supply. The ear tag then falls off. However, we do not recommend this because it can leave a small lump at the site. The treatment can be painful, there is a higher chance of infection and the scar may be worse. For these reasons, the only treatment that we offer is cutting off the ear tag.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery. After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

We can remove the ear tag with a quick procedure. When your child is asleep, the surgeon cuts around the ear tag and removes all the extra skin, cartilage and tissue.

The wound is closed with dissolvable stitches under and over the skin. This leaves a small flat, straight scar. Sometimes, the surgeon also puts skin glue on top of the stitches. They then cover the area with Steri-Strips™ (paper-like sticky bandage strips) and brown medical tape.

The stitches start to dissolve by themselves and any skin glue peels off by itself as the wound heals. This is likely to be within 1 to 2 weeks. We give you more information about this.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of surgery to remove an ear tag are:

- a small amount of bleeding
- an infection that needs to be treated with antibiotics
- a small flat, straight scar where we remove the ear tag

The procedure removes the ear tag completely and your child does not need more treatment.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

After the procedure, your child has a light dressing on the area where we removed the ear tag.

Will my child be in pain after their procedure?

Your child usually has a local anaesthetic medicine during their procedure. This medicine gives them pain relief for several hours after they wake up.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's wound after their procedure?

After the procedure, the surgeon or a member of their team gives you specific instructions about your child's wound and dressings. They explain how to look after your child's wound while it heals and what follow-up care you can expect.

Your child has Steri-Strips™ (paper-like sticky bandage strips) and brown medical tape over their wound and sometimes skin glue. They need to wear the light dressing for 1 week. We then see them in the clinic for a wound check. Otherwise, you may have a phone appointment after 1 week and we look at photos of how the wound is healing.

To prevent infection, it is important to keep the dressing clean and dry until we do a wound check. When your child has a bath or shower, be careful not to get the dressing wet. If the dressing does get wet, please remove it and put on a sticking plaster until we review your child.

After your child's wound check, the area does not usually need to be covered. Your child's stitches start to dissolve within 1 to 2 weeks and do not need to be removed. Any skin glue peels off by itself. The wound usually heals within about 2 weeks. After 1 month, you can start moisturising and gently massaging the scar area with unscented products at least once a day.

You also need to take extra care to protect your child's skin from the sun. For at least 1 year after the procedure, try to avoid exposing the scar to the sun. You need to put a strong sunscreen on your child when they go outside. The label of the sunscreen should have:

- a sun protection factor (SPF) of at least 50 to protect against UVB
- at least 4-star UVA protection

UVB and UVA are types of ultraviolet rays from the sun that can damage the skin.

How can I manage my child's pain after their procedure?

If your child appears to be in any pain at home, we recommend giving them paracetamol and ibuprofen. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

Contact a GP or the plastic surgery team if you feel that your child is unwell, or you notice:

- bleeding
- signs of infection, such as pain, severe swelling, hardening or thickening of the skin, redness that spreads on the skin, a bad smell from the wound and leaking yellow-green liquid called pus or watery fluid
- a high temperature (fever)
- your child is not eating or drinking well

On white skin, the area around the wound can appear red if it is infected. On brown or black skin, the area can appear red or purple but it may be more difficult to notice the redness. An infected wound site may feel warm or hot to touch on any skin colour.

If you are very concerned or notice these symptoms outside working hours (Monday to Friday, 9am to 5pm), call 999 or go to A&E.

Do you see my child again after their procedure?

Yes, your child has a follow-up appointment face to face in the clinic or by phone. We may give you a date for the follow-up appointment while you are still in the children's day surgery unit. It is most likely that you will get a phone call from our team in the next few days.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns during working hours (Monday to Friday, 9am to 5pm)** about your child's surgery, call the paediatric plastic surgery clinical nurse specialist, **phone** 07747 204 489

If you have any **concerns outside working hours (Monday to Friday, 5pm to 9am or at the weekend)** about your child's surgery, contact the on-call plastic surgery doctor through the main switchboard, **phone** 020 7188 7188 and ask for bleep 0155

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999



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