

A simple and effective ear dressing

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Postoperative wound care for external ear surgery is critical for the success of the procedure. Many methods have previously been described, such as the trapdoor dressing, and creating plastic guards or protectors¹⁻⁶. We present a simple and effective method of ear dressing that is ideal following repair of trauma to the external ear or following reconstructive procedures.

The sandwich ear dressing utilises the three-dimensional anatomy of the external ear to allow adequate adhesion to prevent the dressing from common issues such as slippage, while also providing adequate pressure to the reconstruction or wound.

One significant obstacle in ear dressings is the ability to secure the desired dressing in a way that provides protection and pressure



Figure 1a: Start the first layer of the dressing with posterior layer as shown

Figure 1b: Demonstration of the completed dressing with an anterior layer adhering to the ear and the posterior layer, creating a sandwich around the ear and wound

without the dressing falling or slipping off the ear, particularly after the patient has been discharged from the hospital. The method of this dressing minimises the risk of slipping or accidental removal of the dressing.

The wound or reconstruction can be dressed with a non-stick dressing and a protective layer of gauze. Start the sandwich dressing with a layer of conformable adhesive tape to the posterior surface of the external ear. This becomes the base of the sandwich dressings. Then ensure that the position of the gauze and primary dressing is still in the position desired. Next, apply the opposing sheet of the tape to the anterior surface of the ear covering the gauze and ear to create a sandwich-type dressing over the ear (Figures 1a and 1b). The dressing should involve healthy skin as well as cover the wound area to allow adequate fixation. Optimise the adherence of the dressing by using an adhesive primer for the tape to stick to the ear. The dressing can then be cut to shape to produce a neat, low-profile dressing (Figure 2).

Ideally this dressing is applied to clean surgical wounds or repaired traumatic wounds to the external ear. It could also be used on wounds that require more regular dressing changes such as infected or contaminated wounds; however, the advantage we are highlighting in this article is this dressing is hardy and remains intact for a longer period without slipping off. Typically, the length of application of this



Figure 2: The completed ear dressing trimmed to the size desired

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dressing has been 5–7 days in our clinical practice, which coincides with the dressing removal at the patient’s first postoperative review in the outpatient department. The dressing is very easy to remove using a basic adhesive remover. The dressing is not waterproof, but if the dressing is wet it can simply be dried with a towel and left in place without issue.

This dressing provides us with a simple, quick, effective dressing for a wide variety of external ear procedures. It is very easy to care for when the patient is at home, and easy to remove at their review consultation. We acknowledge this is not suitable for all wounds or reconstructions and that further protection may be required for more fragile reconstructions; however, we find it very simple and effective to use.

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