

Innovations

Enhancing precision in a complete earlobe tear repair with Adson's forceps

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PROBLEM

The earlobe is one of the most fleshy and mobile areas on the body, making it difficult to keep steady during cosmetic repair. The lobuloplasty of a complete ear lobe tear (Type III) requires precision to avoid excessive tissue removal and maintain the natural contour of the earlobe.^[1,2] Maintaining linear cuts is challenging, especially with the earlobe's tendency to slip during handling. Traditional methods often involve freshening the cleft margins by excising Cleft tissue with a scalpel.^[3] However, incomplete excision or over-excision can result in grooving along the suture line, notching of the inferior margin and contour irregularities.^[4] In addition, maintaining hemostasis can be tricky, as excessive use of tumescent fluid to firm the tissue is needed.

SOLUTION

Our innovative approach leverages the unique design of Adson dressing forceps to address these challenges effectively [Figure 1].

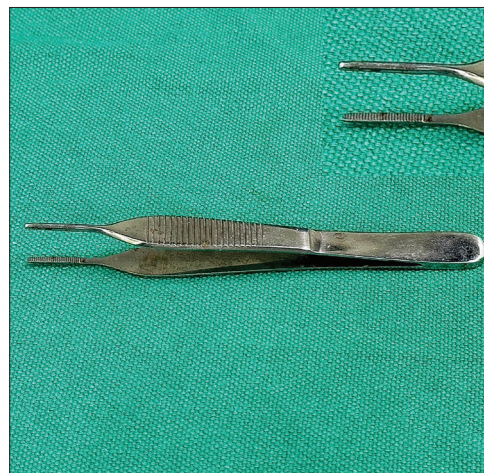


Figure 1: The fine, serrated, and non-traumatic tips of the Adson dressing forceps provide precise gripping of tissue.

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Figure 2: The cleft margin is held with the forceps and is scored in a single sweeping motion.

PROCEDURE

1. After sterilization of the earlobe area and administration of local anesthetic, Adson forceps are used to secure the earlobe tissue.
2. The cleft margins, lateral followed by medial or vice versa, are scored in a single sweeping motion using the forceps [Figure 2].
3. Once the margins are freshened and hemostasis is achieved, suturing is performed using intermittent vertical mattress sutures with polypropylene for better approximation.

ADVANTAGES OF ADSON DRESSING FORCEPS

1. The fine, serrated, non-traumatic tips of the Adson dressing forceps provide precise gripping of the earlobe tissue, preventing slippage, and enabling adequate excision. This prevents contour irregularities and notching of the inferior margin [Video 1].
2. The ergonomic design ensures that the cuts remain straight and clean, pivotal for achieving a neat margin and esthetically precise repair.
3. The gentle pressure applied with the tips of the Adson forceps aids in hemostasis without the need for excessive use of epinephrine or local tumescence.
4. Using a greater auricular nerve block with plain lignocaine minimizes tissue distortion due to excessive local fluid volume injection.

By emphasizing the use of Adson dressing forceps, this method ensures a more controlled and precise lobuloplasty

procedure, improving esthetic outcomes and reducing the risk of complications.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

1. Sadasivan K, Kochunarayanan A. A revised classification and treatment algorithm for acquired split Earlobe, with a description of the composite technique and its outcome. *Cureus* 2020;12:e10422.
2. Blanco-Davila F, Vasconez HC. The cleft earlobe: A review of methods of treatment. *Ann Plast Surg.* 1994, 33:677-680. 10.1097/00000637-199412000-00023.
3. Pardue AM: Repair of torn earlobe with preservation of the perforation for an earring. *Plast Reconstr Surg* 1973;51:472-3.
4. Niamtu J 3rd. Eleven pearls for cosmetic earlobe repair. *Dermatol Surg* 2002;28:180-5.

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