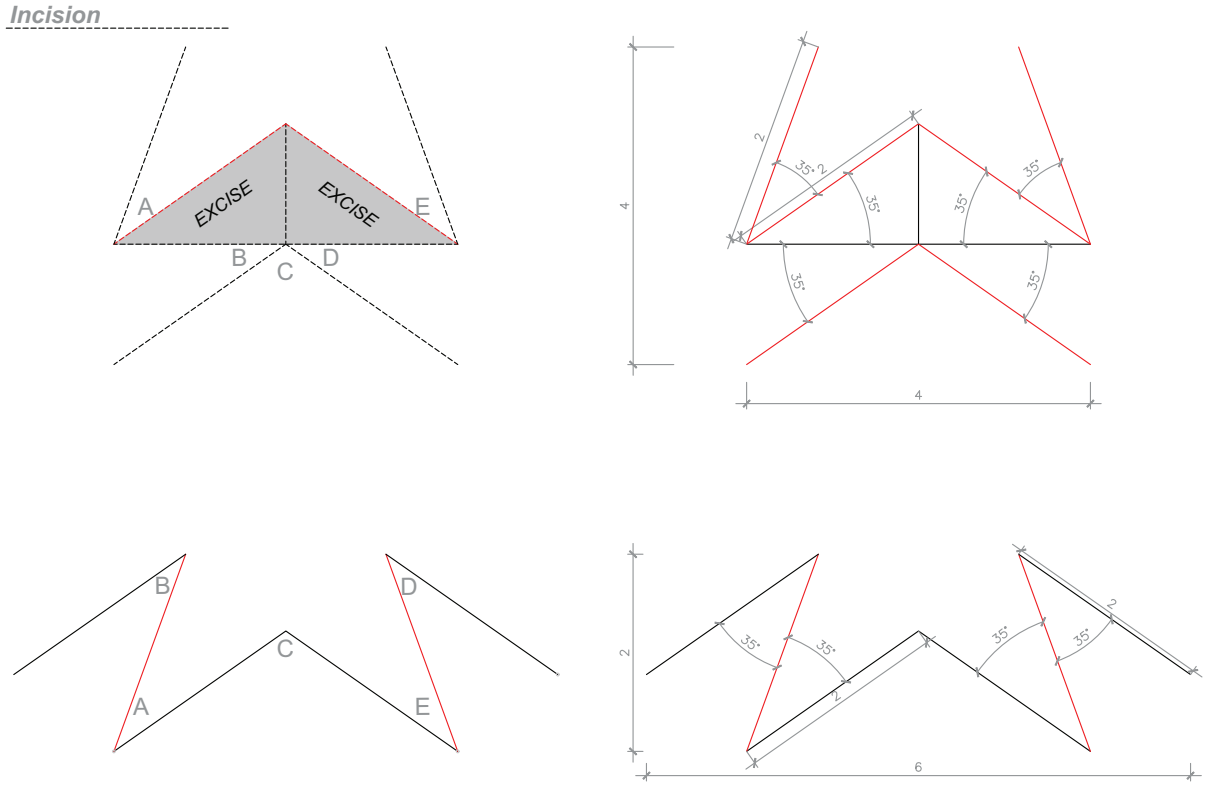


**Figure 1** Flap design before and after, including measurements.

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# Letter comments on: Head bandage after otoplasty: How long should it be worn?

*Dear Sir,*

We read with interest the article on "Head bandage after otoplasty: How long should it be worn?".[1] The authors discuss there is lack of consensus as to the appropriate duration of bandaging following pinnaplasty. They suggest that based on their results of 62 patients head bandage is not required for more than 48 h.[1]

We would like to highlight an article published in the Journal of Plastic, Reconstructive & Aesthetic Surgery in 2010 by Self et al.[2] regarding dressings post pinnaplasty. The authors carried out two audits of 147 pinnaplasties and found that the incidence of bandage re-dressing and slippage correlated heavily to a higher complication rate, with 27% complications in group with slippage and 8% complication rate if the dressings did not slip. They also found that 50% of those bandaged returned for re-application at least once during their post-operative recovery. Also, 33% of those bandaged experienced complications compared to 17% of those without bandage.

In a review by Norris et al.[3] of 5 studies with total of 121 patients, they found no advantage in operative outcome and patient satisfaction with using head bandage post pinnaplasty.

Despite these studies, many centres still insist on dressing patients' ears, which is a demonstration of the engrained nature of traditional and non-evidence based techniques.

Patients who do not wear head bandages have less problems stemming from bandage slippage and reapplication, pressure necrosis, masking of infection, itching, conductive hearing loss and hidden haematomas.[3] Furthermore, considering the anxiety caused to patients and parents who need to return for bandage reapplication the increased in-

put from the plastic surgery services and lack of evidence for any benefit of a head bandage,[2] we recommend that patients need not have post-pinnaplasty bandaging.

## Disclosure

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# Letter responds to comments on: Head bandage after otoplasty: How long should it be worn?

*Dear Sir,*

We read with a lot of interest the comment provided by Sepehripour and Dheansa[1] to our paper "Head bandage after otoplasty: How long should it be worn?"

Authors, supported by some published articles, recommend that patients need not have post-pinnaplasty bandaging.

However, comparing the statement "not to bandage" to the literature pointed out there are some lacks.

Self et al.[2] reported, over a three-year period, 147 operations for correction of prominent ears. Fifty-nine of these patients had slippage of their dressing and sixteen presented with further complications, such as haematoma, infection and necrosis. This correlated to a 27% complication rate compared to 8% in the non-slippage group. The incidence of bandage re-dressing correlated heavily to a higher complication rate. It was however difficult at this point to ascertain whether the increase in slippage rates was due to the presence of complications in the first place, resulting in patients manipulating their bandages causing more slipping. Also of interest in this audit was the fact that dressing the ears overnight for one night only with tubigrip did not lead to an increase in complication rate, 14% versus 16%, compared to those bandaged normally. However Self et al. did not claimed head bandage is not required, and moreover they noted that having a tubigrip for one night was not associated to a higher complication rate.

Norris et al.,[3] in their paper stated that despite several studies demonstrating the advantages of not providing head bandaging (or ensuring duration of use is less than 24 h) compared with providing head bandaging, many centers still insist on dressing patients ears after their operation. However they did not affirmed that head bandaging for a short time (24 h) is useless.

In our experience[4] we noted that head bandaging worn for more than 48 h postoperatively does not have any advantages, but at the same time we think it is really useful to have it for the first 48 h, first of all to avoid patient's anxiety that could be caused to a dirty dressing or, moreover, we know how important is the compression of the operatory field after general plastic surgery procedures to avoid post-operative bleeding and to reduce swelling development; a short stay of the head bandage after otoplasty can help a lot with these issues.

We thanks a lot Sepehripour and Dheansa for their comment, however we think, as latin stated, "in medio stat virtus" (the justice is in the middle), therefore we think, and our long case series described support this hypothesis, that head bandage after otoplasty is useless for more than 48 h, however, on the other hand, a short time wearing it can be really useful to reduce patient's distress in case of dirty dressing, post-operative swelling and, moreover, reduce the risk of hematoma that can be developed in the first 24 h postoperatively.

Moreover, in our published paper we described a different bandage compared to conventional ones; at the end of the surgical procedure, 2 pieces of gauzes fixed percutaneously in the areas surgically undermined, are placed before to perform the head bandage and are removed after 48 h, with the head bandage removal; the role of percutaneously fixed gauzes is to further reduce the risk of bleeding.

In conclusion, we really appreciated the comment of Sepehripour and Dheansa, but how already stated, we think the truth is in the middle, not to wear for a too long time head bandage but also not to not bandage at all.

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# Can philosophical aesthetics be useful for plastic surgery? The subjective, objective and relational view of beauty


*Dear Sir,*

Evidence-based medicine is grounded on a strong philosophical assumption, i.e. that reality is objective. However, in everyday clinical practice, aesthetic and plastic surgeons have to manage the combination of objective and subjective factors, with the risk of weakening the realist assumption. In this letter, we present a theoretical framework that could provide the basis for an evidence-based approach to aesthetic surgery. The framework is based on the general idea that complex reality, as medical diagnosis, emerges from isolated components that independently produce global effects on the whole. For aesthetic surgery, for example, physical structure, physiological function, self-perception and social relationship differently determine the decision for the intervention.[5] We believe that distinguishing among different levels of analysis, i.e. subjective, objective and relational, should help surgeons in their clinical practice, described in this letter as subjectivism (how do I see myself?), objectivism (how am I?), and relatedness (how do others see me?). Subjectivism holds that the experience of beauty is linked to the subject itself and not to the characteristics of the object. Beauty in this case is not a property found in the object.[1,2] Objectivism, on the other hand, believes that beauty can be found in the material properties of the object. Why should this object be beautiful? By saying "this house is beautiful", or, "this square is beautiful", we correctly indicate the reference to the object as to what causes our aesthetic judgement. Objectivism does not guarantee the universality of aesthetic appreciation, in fact not everyone likes the same things, because pleasure and the taste could be dissociated from beauty. Objectivism therefore believes that the experience of beauty arises from one of the objectively evaluable properties of the object, such as the proportion, the harmony of the parts or the symmetry of the elements. For example, a person with an ugly nose decides to undergo rhinoplasty surgery. According to the objectivism, the nose is the object judged ugly and after it will be surgically changed, the subject's judgment can change. According to subjectivism, on the other hand, it is not the nose that is actually considered ugly, but it is in the perception of the subject that we find the volition to want to modify it surgically to make it more beautiful. In fact, many other people with an equally ugly nose do not feel the need to change it. The solution for subjectivism is not to surgically change the nose, but to change one's perception of oneself. Finally, according to the relational point of view, the experience of beauty comes from how others see and perceive the subject's nose. From the encounter between the two components (subjectivism and objectivism), beauty emerges as a correlation of the qualities of the individual on one hand, and the qualities of the object on the other.[3,4]

Reporting what we have explained up to now in the field of cosmetic surgery used for the research of beauty, the plastic surgeon should always follow the objective vision precisely because plastic surgery must comply with evidence-based medicine. However, subjective vision has an objective component in which it can sometimes be linked to a psychopathological profile. The relational vision also has an objective component as it can be linked to pathological relationships. In these last two visions plastic surgery must be part of a multidisciplinary approach that suggests the importance of psychological support as well as social assistance.

To measure the significance of this tripartite, we naturally tend to put it to the test in the vast artistic repertoire. We will ask ourselves whether "The Lady with an Ermine" (Figure 1) is a beautiful work of art because it is beautiful in and of itself, or because an individual perceives it as beautiful, or if beauty resides only in the relationship between