

* Boxer Ear Trim

EAR TRIMMING, more correctly termed partial conchal amputation, is not an operation condoned by the veterinarian. However, since the dictates of custom and fancy have made it vogue in certain breeds, it has become necessary for the small animal practitioner to become familiar with this operation. The following discussion is written with the Boxer in mind, but the same basic procedure may be applied to ear trimming in other breeds.

The Boxer pup may have its ears trimmed at two months of age, but usually the operation is performed at three or four months. As pups grow beyond this age, results become less good. The patient should be in excellent health, and the conscientious practitioner will postpone the operation on unthrifty, rachitic pups until they have been brought back to proper condition.

The patient should be starved for 12 hours prior to the operation. A small dose of morphine and atropine given about an hour before surgery makes the patient easier to handle while preparing the operative site. The ears should be shaved or closely clipped, the shaved area continuing down about an inch below the base of the ear. The auditory canal should be plugged, the ear cleaned thoroughly and the area disinfected with 70 percent alcohol or a similar preparation.

In the boxer, ear length is conveniently determined by laying the ear forward loosely so that the anterior edge touches the lateral canthus of the eye. The edge of the ear is marked at this point, and the



Fig. 1: Determining ear length.

procedure repeated on the opposite ear (Fig. 1). Both ears are then drawn over the top of the head to see that the marks coincide. This will give an ear about two-thirds to three-fourths of the original length. In square-headed, short-nosed individuals, the ear should be cut longer than in the narrow-faced, long-headed specimens where a shorter, relatively wider ear is desired. The apparent strength of the cartilage (i.e., its ability to support itself) is another factor to be considered in determining length of the ear. Last, but not least, the operator must satisfy the owner's fancy. After the ears are marked, the patient is anesthetized with ether or with a short-acting barbiturate, the latter being preferred. If a barbiturate is used, the surgeon probably will find it convenient to anesthetize the pup before preparing the operative site.

In using the free-hand method, it is wise to mark the line of amputation. Beginning at the mark made on the anterior

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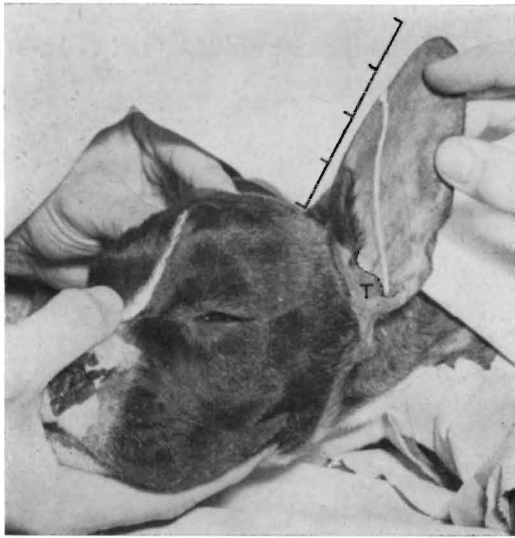


Fig. 2: Line of amputation.

edge, the line takes a more or less straight course across the ear to a point just posterior to the tragus (T in Fig. 2). This brings the base of the cut as close to the head as possible. The Boxer ear does not flare out to form a bell as in the Great Dane, nor should the tip be carried to a spike. When a narrower ear is desired, the line of amputation curves in a little medially. In Fig. 2, notice that the length of the ear to be trimmed will be slightly less than three-fourths of the natural length.

Amputation is performed with a sharp, curved scissors (some prefer straight scissors). Notice in Fig. 3 that the base of the amputation begins immediately behind the tragus of the ear. The right-handed operator should cut the right ear first when amputating the ears in this manner. Hemorrhage is controlled by twisting the bleeding arteries. The amputated part of the right ear is compared with the part that is to be removed from the left ear. The right-handed surgeon has a tendency to remove more of the left ear than of the right. This is explained by the fact that the palm of the hand faces the head as the operator cuts the left ear so the blades have a tendency to move in toward the head. The palm faces away from the head on the right ear and the blades tend to move outside of the correct line of amputation. The amputated parts

are compared and corrections made by removing excess cartilage with sharp scissors or a scalpel.

Suturing may be accomplished with light-weight, single strand nylon beginning about one-half inch from the base of the cut and continuing to about the same distance from the end of ear. A glovers stitch is used, passing from the skin on the inner surface back to the skin on the posterior surface. Tension on the suture is regulated so that there is no puckering of the skin and so that the loose skin on the back of the ear is not pulled around past the edge of the cartilage. For best results, the cartilage should not be included in the sutures. Usually a small amount of skin must be trimmed away at the base of the cut (which is left unsutured) to make the ear blend smoothly with the head.

Figure 4 shows a pup with its ears standing nicely three days after trimming, but they will improve considerably as healing progresses. This pup has a rather narrow head, so the ears have been cut relatively wide. If the head had been more blocky, the line of amputation would have curved a little medially to make a narrower ear; but the ear would have been cut just as long or a little longer than this one.



Fig. 3: Beginning of amputation.

If the patient is kept in clean surroundings, it is not always necessary to bandage the ears after the operation. It is important that rapid healing take place so



Fig. 4: Three days after trimming.

that no excessive scar tissue is formed. Therefore, the operator must be on the alert to remove any irritant that tends to delay healing, be it mechanical or biological. If the ears have been properly cut and stand nicely, about the only necessary after-care will be the removal of the sutures in eight or nine days.

Strong ears that stand immediately frequently will curly medially at the tips as they heal. This is easily overcome by applying a little collodion to the inner surface of the tips. In drying, the collodion shrinks and draws the tips back in line. Occasionally an ear will "break" in the middle and droop for no apparent reason with resultant delayed healing at the point of the "break." This should be corrected immediately to prevent the deposit of scar tissue which will cause permanent disfigurement. In this case, the ears are made to stand in the normal position with a thin strip of tape passed between them and applied to the inner surfaces, taking care not to tape the cut edges.

Soft ears that don't stand need not be taped into position until the cut edges have healed and the sutures have been

removed. Figure 5 shows how the ears may be made to stand by using two or three short pieces of tape wrapped around the ear forming a cast that holds it in approximately normal position. Pups show little resentment to this restraint. The ears should be left taped for 48 hours, then given a day's rest to prevent tape burn.

"U-shaped" metal braces may be used but usually are not necessary in the Boxer; furthermore, they require more time and material than simpler methods. Their chief indication in the Boxer comes in cases of improper healing where scar tissue contraction causes a drooping ear. In such cases the ear usually can be made to stand by nicking the offending scar tissue on the cut edge at about one-eighth inch intervals, this being done under local anesthesia. The ear is then carefully manipulated and stretched to further break down the scar tissue. The stretched ear is firmly taped to the splints and bandaged loosely with sterile gauze.

If the trimmed ear fails to stand and retrimming seems necessary, this should not be attempted until after six or eight weeks. Daily intake of dicalcium phosphate, 0.5 Gm., is indicated during the entire healing period as the deposit of calcium in the cartilage of the ears contributes greatly to their ability to stand.



Fig. 5: Taped ears.