During surgery, precise control over deployment of the implant is critical to the resulting adjustment to prominence of an ear. If deployment were to occur inadvertently in the wrong position the patient's ear would not take the desired shape. The implant would then need to be removed and further implant inserted. Provision of a locking mechanism means that deployment can only occur upon the conscious decision of a surgeon to extend the slider into a second position

The retaining means may be further defined by the handle.

The handle may comprise a body and a slider support member.

The body of the handle may comprise a channel to house the slider support member and receive the slider.

The channel may comprise a locking formation having a first locking position and a second locking position according to the first position and second position of the slider respectively.

Provision of a locking formation limits longitudinal movement of the slider to between two fixed positions. This provides certainty to a surgeon that the implant is securely retained by the introducer when the slider is in a first position and that the implant will be deployed when the slider is moved to a second position.

The locking mechanism may comprise a resilient spring engageable with the locking formation of the handle.

Use of a resilient spring biases the locking mechanism in the locked position. The slider cannot be extended, and the implant deployed, without a conscious decision by the surgeon to overcome the spring in order to extend the slider.

The locking mechanism and the slider may be formed from a unitary component.

Forming the slider and resilient spring from a unitary component simplifies the construction of the introducer and minimises manufacturing costs.

The resilient spring may comprise a first portion having a first width received by the channel and a second portion having a second width, greater than the first width engageable with the locking formation of the channel.

The slider may further comprise a visual indicator to assist an operator in identifying when the introducer has been inserted a sufficient distance into the ear of a patient.

Provision of a visual indicator provides the surgeon with a visual aid to identify when the introducer has been inserted the correct distance into the patients ear before deployment of the implant.

The visual indicator may be an embossment.

The handle may comprise two openings therethrough to each receive a finger of an operator and/or a trigger position to receive a user's index finger.

The surgical introducer for inserting an implant into a human ear may be as described with reference to, and or as shown in, the drawings.

The introducer may be provided in combination with an implant formed of shape-memory material and having a first configuration when retained by the retaining means of the introducer and a second pre-programmed configuration when deployed into a patient's ear.