

Myringotomy and Ear Tubes

WHAT IS THE OPERATION?

A very small slit is made in the eardrum for the purpose of draining fluid out from behind the eardrum and allowing air to get in behind the eardrum. After the slit is made a very tiny plastic or silicone rubber tube is inserted in the eardrum to keep the small hole open.

WHAT IS THE PURPOSE OF THE VENTILATION TUBE?

Fluid in the ear causes hearing loss, promotes infection, and causes discomfort. The function of the ventilation tube is to allow air to flow between the outer ear and the middle ear, which equalizes air pressure in the ear. It takes over the function of the patient's own eustachian tube, which is not functioning properly. The tube will also allow infection, if it recurs, to drain out of the ear.

HOW LONG DOES THE TUBE STAY IN THE EAR?

Tubes may extrude in a few months but usually stay in 10 months or longer. Generally, we want tubes to stay in the ear as long as possible; but since the eardrum has turnover like skin, tubes eventually work their way out. Each patient's ear determines how long the tube will stay in. Some tubes are designed to stay in a long time. The slit in the drum usually closes on its own as the tube works out. You will usually not see the tube when it comes out, but don't be alarmed if you do.

WHAT HAPPENS TO THE TUBE?

The doctor removes the tube from the ear canal in the office, after it has worked its way out of the eardrum. Occasionally, the doctor may remove it directly from the eardrum after it has served its purpose and before it comes out by itself. Tubes are rarely removed in small children.

WILL THIS NEED TO BE REPEATED?

If ear infection and/or fluid recur after ear tubes have extruded, replacement of tubes may be indicated.

What to expect after surgery when ear tubes are placed:

1. **DIET:** There may be nausea or vomiting for a few hours after the operation. Start by drinking liquids and advance to a regular diet as tolerated.
2. **PAIN:** Generally, there is little pain, but Tylenol or Tempra may be taken if needed every six hours. If pain medication is needed beyond 2 days, contact the doctor.
3. **EAR DRAINAGE AFTER THE PROCEDURE:** A little bloody discharge for a few days is expected. Occasionally, there will be a lot of mucus drainage from one or both of the ears, for perhaps a week. It is not unusual if there is no drainage.
4. **EAR DRAINAGE AFTER THE FIRST WEEK OR TWO:** Usually there is no drainage from the ear. However, it is not unusual, if the patient gets a head or chest cold, to notice some drainage from the ear. This can occur weeks or months after the procedure and there is usually nothing to be alarmed about. You should call our office and come in to be examined so that medication may be prescribed, as needed. With ear tubes, it is usually not serious or unusual for ear drainage to have blood in it.
5. **PROTECTION OF THE EARS:** It is okay to wash the ears normally with a cloth, but you should keep water out of the ear. Use a cotton ball, greased with Vaseline on the outer part, and place it in the ear opening when you wash your hair. For greater protection and convenience, custom fit ear molds are available at our office. The ear molds are strongly recommended if patients intend to swim. While bathing, the patient should not submerge his/her head under water. There is usually no great harm if a little water accidentally gets into the ear; try to empty it out and do protect ears from large amounts of water contamination.
6. **SWIMMING:** The patient may swim with a tube in the ear, but precautions as outlined above are advised. The customized ear molds are recommended; do not put "Silly Putty" or any non-medical substance in the ear canal.
7. **EARDROPS:** When eardrops are prescribed, they should be used as follows: Any drainage that can be seen should be mopped away from the outside of the ear with a Q-tip. Following this, the drops are shaken and the medication is dropped directly into the ear. Eyedrops are often prescribed to

be placed in the ears, since the eardrops frequently cause more discomfort when they enter the middle ear through the tube. The drops are usually not painful, but if they seem to cause pain, discontinue it and call our office.

8. **COMPLICATIONS:** Although uncommon, a perforation or opening may remain in the eardrum after a tube has come out. In such cases, it is impossible to determine whether the perforation would have occurred anyway even if a tube had not been used. Such an opening can close spontaneously in a few months or can be closed surgically if indicated.
9. **POST-OPERATIVE OFFICE VISIT:** We like to see patients about two weeks after the procedure. Examination of the ears every three months is recommended until the tube has worked its way out of the ear. This examination is done in our office or the pediatrician's office. After the tube has come out of the eardrum and it has healed up, you will no longer need to keep the ear dry. This needs to be verified by the doctor.

Anytime there is noticeable drainage from the ear, please notify the pediatrician or our office so that appropriate treatment may be given.

Ear Consultants of Georgia

SANJAY A. BHANSALI, M.D.
Otology/Neurotology

DIPLOMATE
AMERICAN BOARD OF OTOLARYNGOLOGY

993-C Johnson Ferry Rd
Suite 200
Atlanta, GA 30342

404-943-0170