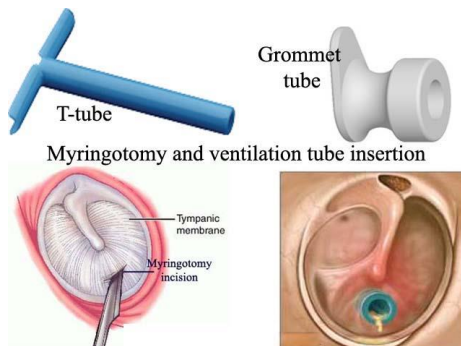


Shiraz University of Medical Sciences

Shahid Dastgeyb hospital



## Myringotomy and Tubes

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Most ear infections that occur when ventilating tubes are present will only need treatment with Ciprodex ear drops rather than oral medication.

***IF YOU HAVE ANY OF  
THESE WARNING SIGNS  
OR IF YOU HAVE  
QUESTIONS, PLEASE  
CALL OUR OFFICE  
IMMEDIATELY  
+989355553898***

**Reference: Austin ENT  
Associates website**

The ear plugs can be used with a waterproof swim band or bathing cap to keep them in place from a local drugstore. Custom made ear plugs can be purchased at any hearing aid center

- Your first follow-up appointment may be made after surgery by calling our office immediately. It will be approximately 3 months from the date of surgery. A hearing test can be arranged by the office after surgery if requested or needed. If there are any concerns, please call for a sooner appointment. Follow-up appointments are every 6 months after the 1st post-operative visit until the tubes have fallen out or 3 years has passed. The tubes may need to be removed after this period.
- If there is ear drainage, clean with a moist clean cloth. Do NOT insert anything, such as a Q-tip, into your child's ear. This could damage and tear the ear drum.
- Your child can go back to day care or school the day after surgery and resume normal activities.
- Any drainage that develops from the ear after it has been dry can be a sign of an ear infection. Seek advice from your family doctor or surgeon to determine if antibiotic ear drops are needed.

tube placed in his eardrum will notice some slight drop in hearing, rather than an improvement. This is extremely rare and generally only occurs in adults. Any concerns can be addressed by arranging to have a hearing test performed.

### **WHAT CAN I EXPECT AFTER SURGERY?**

- There may be ear pain post-operatively for a day or more after surgery. This pain should be relieved by Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin, etc.).
- A little grey to brown drainage, and possibly some blood-tinged drainage, is relatively common during the first few days after myringotomy with tube insertion. However, the drainage should resolve after 5 to 7 days with any prescribed medication.
- A prescription for ear drops will be prescribed if needed postoperatively.
- If water gets into the ear canal, and then finds its way through the tube into the middle ear behind the ear drum, this can cause pain and infection. This can happen when the patient is at a public swimming pool under water. Ear plugs should be used during swimming in public pools, ponds, lakes and/or oceans.

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The tubes generally come out because the eardrum heals behind the tubes and literally pushes the tube out of the eardrum. 95% of the time, the eardrum will be totally healed when the tube comes out. In a small number of cases, a small hole may remain in the eardrum for an extended period. This hole may require surgical closure at some later date with a procedure called a tympanoplasty.

The ventilating tubes will help improve hearing, reduce pain and associated high fevers due to infection, and may reduce the number of ear infections.

The major problems related to placement of middle-ear ventilating tubes include the following:

- With infants and small children, a short general anesthetic is required. There is always some risk with general anesthesia but serious problems are extremely rare and occur in less than 1 in 100,000 cases.
- Occasionally, the tube itself may act as a source of infection, or may cause a "foreign-body" reaction, which causes ear drainage and perhaps mild bleeding. Usually there is no pain associated with this and rarely is this a serious problem.
- A persistent hole may remain in the eardrum after the tube comes out in less than 5% of patients
- Rarely, the individual having a

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### **PATIENT INFORMATION FOR MYRINGOTOMY AND TUBES**

Drainage of fluid from the middle ear is called a myringotomy. Small ventilating tubes are placed in the ear drums. The middle-ear ventilating tubes allow the ear to drain to the outside through the ear canal. Some individuals having tubes may require more than one set if trouble develops after the first set falls out. This does not mean the tubes "failed". The individual has simply remained ear-infection prone, and the tubes are no longer there to help.

Middle-ear ventilating tubes are small plastic or metal tubes, which are designed to artificially ventilate the middle-ear space behind the eardrum. These tubes are inserted through a small, surgically produced hole in the eardrum and are generally left in place until they spontaneously come out. The short operative procedure is usually performed in hospital under general anesthesia for infants and children. In most teen-agers and adults, the operation may be done in the office under a mild form of local anesthesia. If there is fluid in the middle ear at the time of surgery, most of it is removed. The average time for tubes to remain in the eardrum is 6 months to 3 years. Some will come out within 4 to 6 months, some may stay 2 to 3 years. After 3 years if tubes are still through the drum, often they are removed to reduce eardrum damage.

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