



ENT AND FACIAL PLASTIC SURGERY

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POSTOPERATIVE INSTRUCTIONS: MYRINGOTOMY WITH TUBES

Procedure/Introduction: A myringotomy is an incision made in the eardrum to remove middle ear fluid and prevent its recurrence. A small tube is inserted through the eardrum to keep the hole open for a longer time. These tubes usually remain in place 6-18 months and may fall out by themselves. It is impossible to predict how long a tube will last. It is important to follow-up every 6-9 months to examine the ears and check the tubes.

Risks/Alternatives: Possible risks of this procedure include but are not limited to persistent drainage, inability to control recurrent infections, plugging of the tube, early loss of the tube, persistent perforation of the ear drum, hearing loss, or the need for more than one set of tubes. Practical alternatives to this procedure include observation or continued antibiotic therapy.

Postoperative Care: There may be a small amount of blood-tinged drainage for 1-2 days after the operation. Cotton is inserted in the ear canal at surgery to prevent any drainage from soiling the clothes. The ear(s) may be slightly sore for the first several hours after the operation. If there is pain, you may give the recommended dosage of acetaminophen on the back of the bottle label. Drainage is normal for the first 48 hours after surgery. Be particularly careful for the first 48 hours not to let water in the ears.

Activity: Immediately after surgery, your child will do best with a liquid diet. When he/she is up and acting normally, a regular diet may be started. On the day after surgery, your child may return to usual activity, including school or daycare.

Using ear drops: You may have been given a prescription for (or a bottle of) antibiotic containing drops on the day of surgery to use in your child's ear(s). Begin using these drops the evening of surgery. Usually the course of treatment is:

3 drops 3 times daily to the operative ear(s) for 3 days.

If there is drainage for more than 72 hours after surgery, which is indicative of infection, continue the drops for full 7 days. If drainage continues for more than 7 days or if other symptoms arise, please call the office for an appointment.

When using drops, warm first by holding in the hand for a few minutes. After placing the drops, pump the front of the ear next to the opening of the ear canal several times. This helps to propel the drops into the canal and through the tube.

Ear Infections: The primary purpose of tubes is to provide additional ventilation to the ear and thereby decrease the frequency of ear infections. However, children with tubes can still develop middle ear infections. Drainage from the ear, which may be thin, thick or blood tinged, is the most common sign. Your primary care physician can successfully treat these infections. If drainage persists despite medical therapy, please call our office to make an appointment.

Water Precautions - Bathing: Do your best to prevent bath water from filling your child's ear canals. The ears should not be completely submerged in water. However, water splashing on the outer ear should not cause a problem. If your child does like to place his/her head completely under water in the bath, keep the water at a very low level.

During hair washing, some children will wear an inflatable visor designed to keep water off of their face. Other parents simply hold the child's ear down and cup their hand over the ear as they rinse the hair. Very young children will often reach up and remove whatever you place in their ears. Most families find they can successfully observe water precautions without purchasing ear plugs. However, what works best for each child and family is variable. The following types of ear protection can also be tried:

- Cotton lightly coated with Vaseline
- Silicone putty-type ear plugs
- Other types of molded waterproof ear plugs (eg. Doc Proplugs)
- Ear Band-It
- Custom-made ear plugs

If water does get in your child's ears, simply tip his head to each side. There is an excellent chance that the water will not have gone through the tiny opening in the tube. However, if you do observe drainage over the next few days, an infection has most likely developed (see above).

Water Precautions - Swimming: For the past several years, we have not required that children with tubes wear ear plugs while swimming in a chlorinated pool.

When in a non-chlorinated environment (eg. ocean, lake, and river), diving or going more than 1-2 feet under water, ear plugs should be worn. Diving to the bottom of the pool is best avoided even with ear plugs.

Most children three years of age and older can cooperate in terms of wearing ear plugs for swimming. Additional protection can be provided by using a swim cap over the ear plugs. The top of a racing cap can be removed so the child is wearing a sporty band over the ears instead of a full cap. Alternatively, the Ear Band-It can be purchased. Custom-made ear plugs can be obtained through our Audiology staff.

CHILDREN WEARING EAR PLUGS WILL NOT BE ABLE TO HEAR AS WELL!!
(This is an important safety consideration)

Follow-up: Your child should be seen for a follow-up appointment and usually a hearing test 4-8 weeks after surgery. Thereafter, your child should have a routine appointment in our office every 4-6 months while the tubes are in place.

Other Precautions for Children with Tubes: Most common topical treatments used in the ear should be avoided in a child with a tube in or perforation of the ear drum. These include topical pain medications (such as Auralgan), wax removal preparations (such as Debrox , Ceruminex), swimmers ear preparations, home remedies such as oil, peroxide, water, vinegar and alcohol.