

Proliance South Seattle Otolaryngology

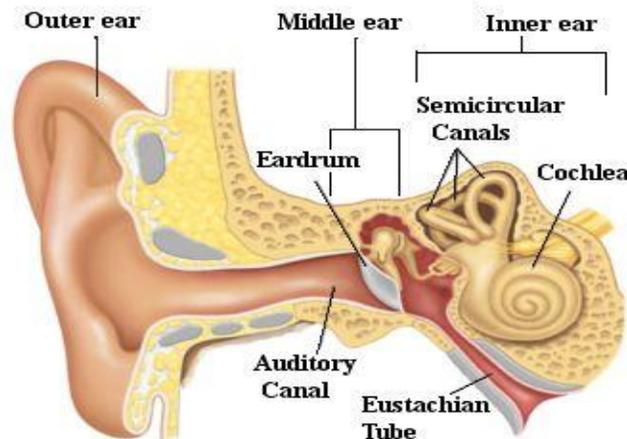
Myringotomy and Tubes

Pre-Operative and Post-Operative Instructions

Ear Anatomy

Myringotomy is the name for the small incision made in the eardrum where the tube is placed. Tubes can be made of various materials and come in many different sizes and shapes. A tube helps to maintain the opening made in the eardrum, which aids with ventilation, drainage and the prevention of future fluid buildup behind the eardrum. Next time you/your child develops an ear infection, instead of experiencing hearing loss, ear pain and a fever you/your child will only experience ear drainage, Going forward, most infections will be able to be treated with drops rather than oral antibiotics, will be less severe and will clear up faster.

Most tubes remain in place for around 6-18 months, giving children time to outgrow their ear problems. Generally, tubes will fall out on their own. If they do not fall out after 2 years, they may need to be removed by a doctor.



Risks of Surgery

- Myringotomy and tube placement is a safe and short procedure.
- You/your child may develop a white mark or scar on the eardrum after the tube falls out, but this will not affect hearing.
- Around 1% of patients may develop a hole or perforation of the eardrum after the tubes falls out that does not close on its own. If the perforation does not heal, it may require surgery to repair.

Before Surgery

- Notify your/your child's doctor if there is any family history of bleeding tendencies or if you tend to bruise easily.

Day of Surgery

- Check in at the front desk 90 minutes prior to surgery.
- The surgery is usually an outpatient procedure and you/your child will be able to go home after a brief recovery period.

After Surgery

- There is usually minimal pain experienced with this procedure. If any pain occurs, acetaminophen (Tylenol) may be taken.
- If ear drops were prescribed on discharge, use as directed on your prescription. Discontinue if a sensation of pain or burning occurs. The drops contain an antibiotic and also help keep any blood crusting from blocking the tubes.

Activities

- You/your child may not act like yourself/themselves for the first several hours after surgery.
- Keep the ears dry until advised by your doctor at the post-operative visit. Insert wax putty plugs (provided by our office), when bathing or showering.

Diet

- Staying well hydrated is important. Dehydration may cause increased pain, a low grade fever, reduced urination and constipation.
- Recommended liquid volume:
 - Children <50 lbs: 1 quart/day; Children 50-100 lbs.: 1.5 quarts /day; Adults at least 2 quarts/day.
- If liquids are tolerated without any issues, you/your child can proceed to a regular diet later in the day.

Post-Operative Symptoms

- Some patients experience nausea and vomiting after anesthesia. This typically resolves 24-36 hours after surgery. Please call us if this does not resolve.
- A low-grade fever (<101.5 F) may occur after surgery. This is usually due to dehydration.
- There may be drainage of fluid or blood coming from the ear for 2-4 days following the surgery. The drainage may be clear, pink, green, yellow, or bloody. You may gently place a small piece of cotton in the ear(s) as needed.

Follow-Up

- You should follow up with your/your child's physician 3-10 days after surgery. A hearing test will commonly be performed 1 month after surgery.

Please call (206) 242-3696 or ask your surgeon directly if you have any additional questions or concerns about your surgery or the recover.