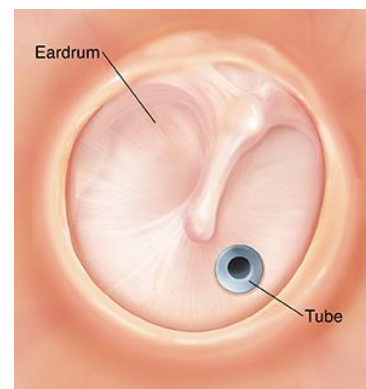


Ear Tubes

Patient Information and Postoperative Instructions

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Ear Tubes (AKA Myringotomy or Tympanostomy tubes)

Ear tubes are small, hollow cylinders inserted into the eardrum. They are often used in children who have had multiple ear infections or infections that have resisted treatment. Tubes are also used for people who are having trouble hearing because of a buildup of fluid (effusion) in the middle ear. Ear tubes are placed during a procedure called a myringotomy.

Details of Surgery

How are ear tubes placed in the ear?

Ear tube surgery is usually performed while the patient is under general anesthesia (put to sleep). It can also be done in adults with a local anesthetic (the patient remains awake).

During the surgery:

The surgeon makes a small incision (cut) in the eardrum. The incision is made with a scalpel. The fluid that is trapped in the middle ear is drained or suctioned out. The surgeon then inserts the tube into the incision in the eardrum to allow fluid to drain out of the ear. This whole process takes less than 15 minutes.

Goal of Surgery

- Prevent complications of middle ear infections (otitis media)
- Improve hearing if there is chronic fluid build-up behind the ear drum
- Allows for easy treatment of ear infections when they occur
- Restores ventilation/normal air behind the ear drum

General Risks for Ear Tube placement

- The hole made in the ear drum to place the tube during the initial surgery may fail to close after the tube comes out. If this happens, the hole will have to be repaired with another surgery.
- Scarring of the eardrums, caused by multiple ear infections or by the ear tube surgery itself.
- Repeated ear infections, even after ear tube surgery.
- Blocked tubes from blood, mucus or other secretions
- In general, tubes usually last one year, then fall out. Occasionally they fall out early or don't come out.
- A condition called otorrhea (a continuous drainage of fluid from the ear).

Immediate Post-Operative Care

Pain Control

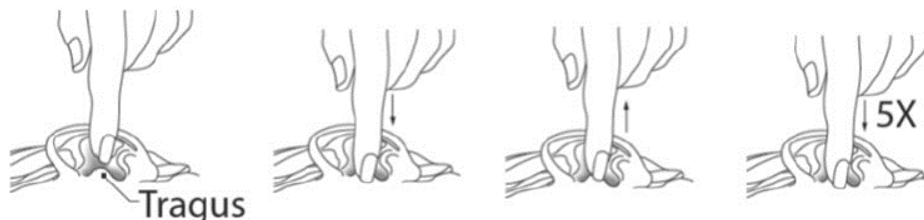
Pain usually minimal. Begin with Tylenol and Ibuprofen (Advil). You can alternate between these medications every 3 hours throughout the day as needed.

Bleeding

Bleeding is quite rare. However, don't be surprised if you see some drops of blood in the ear or on the pillow after the surgery is complete.

Ear Drops (Ciprodex or Generic version Ciprofloxacin/Dexamethasone drops)

Please use **4 drops** in each ear **twice a day** for **3 days after the surgery**. A prescription will be provided. When using the drops, make sure you push on the tragus approximately 5 times to allow the drops to move into the middle ear (behind the ear drum)



Living with Ear Tubes

Activity/Swimming

Strenuous physical activity (working out, running, heavy lifting, etc.) should be avoided for 1 to 2 days initially. Activities can be slowly introduced after this. Swimming is permitted **without** limitation. Ear plugs **are not needed** unless discomfort results when swimming.

Infections/Drainage

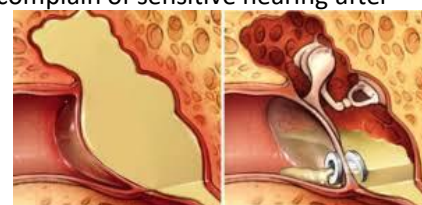
While tubes help prevent infections by improvement ventilation of the middle ear, infections can still occur. If mucky drainage occurs, it means there is likely an infection. Fortunately, infections **do not require oral antibiotics** once the tubes have been placed. You now can treat the infection by placing antibiotic drops into the ears as described above. **Please use 4 drops (Ciprodex) in each ear for 5 days at the onset of drainage.**

No tube vs Tube Present

Hearing/Hearing Testing

Hearing should be improved or close to normal after surgery. Occasionally patients complain of sensitive hearing after tubes have been placed – this will subside after 1-2 days. Please arrange to have a hearing test completed within 6-12 weeks of surgery. Have the audiologist fax the results to my office

(Fax number - 902 435 8695) We will review the results at our follow up appointment.



Postoperative appointment: You will need an postoperative visit 8-12 weeks after surgery.
If this appointment has not been made for you, please call my front desk at 902 435 8690