

Post-Operative Instructions for Myringotomy with tubes (PE tubes, Ear tubes)

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
- ALLERGY

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 6-24 months (average 12 months) and usually fall out by themselves. It is impossible to predict how long a tube will last.

Postoperative Care:

Your child may have a small amount of blood-tinged drainage for 1-2 days after the operation. Your child's ear may be slightly sore for the first several hours after the operation. If he/she has pain, you may give the recommended dosage of acetaminophen (Tylenol). Drainage is normal for the first 48 hours after surgery.

Diet and 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:

Drops are often prescribed after surgery. Begin using these drops on the evening of surgery, as directed by your doctor.

Your doctor may recommend additional use of drops if there is drainage for more than 72 hours after surgery, since persistent drainage is a sign of ongoing infection. If the drainage continues for more than seven days, or if other symptoms arise, please call our office.

When using drops, warm the bottle first by either carrying it in your pocket or holding it in your hand for a few minutes. After instilling the drops, massage 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.

Follow-up:

Your child should be seen for a follow-up appointment in our office 2-3 weeks after surgery. If this has not already been arranged, please call the office to schedule this appointment. If your child needs a hearing test, please request that it be scheduled during the same visit. After this appointment, your child can be followed by his/her primary care physician. You should return for follow-up evaluation by your ENT specialist every 4-6 months.

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.

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Water Precautions - Bathing (continued):

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:

1. Cotton lightly coated with Vaseline
2. Silicone putty-type ear plugs (over the counter)
3. Other types of waterproof ear plugs (eg. Doc Proplugs)
4. Ear Band-It™
5. 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:

In the past, strict water precautions were recommended for children with tubes because of concern about water going through the tube into the middle ear, resulting in ear infection. Recent studies have shown that infections are not more likely to occur in children who swim in a chlorinated pool without ear plugs or other types of ear protection, as long as they stay within 2 feet of the surface. However, for the sake of consistency, we recommend use of ear plugs while swimming, showering and bathing, as children do better with set routines.

In the event that water should enter the ears, do not panic. In most instances, nothing bad will happen. If any drainage is observed, please contact your pediatrician to initiate treatment with antibiotic ear drops. The drops will address the infection and will mechanically keep the tube from getting plugged by the dried pus.

Even with ear plugs, it is best to avoid diving deep below the surface in any type of water. 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.

!! CHILDREN WEARING EAR PLUGS WILL NOT BE ABLE TO HEAR AS WELL!!

This is an important safety consideration...

Other Precautions for Children with Tubes:

Children with ear tubes or perforation of the ear drum should not have the following put in their ear canals: topical pain medications (such as Auralgan), wax removal preparations (such as Debrox, Ceruminex), "swimmers ear" preparations, and home remedies such as oil, peroxide, vinegar and alcohol.