YOU AND YOUR DOCTOR HAVE DECIDED THAT YOUR CHILD NEEDS MYRINGOTOMY AND TUBES TO RESOLVE MIDDLE EAR DISEASE.

The following information will help you to better understand what to expect.

WHAT CAUSES MIDDLE EAR DISEASE?

Middle ear disease is perhaps the most common affliction of children. This is usually due to an immature Eustachian tube, which is shorter and more horizontal than in an adult. The Eustachian tube is a small tube that connects the middle ear cavity to the back of the throat. When the tube is working properly, it balances the air pressure.

When this tube does not function correctly, a vacuum (negative pressure) forms in the middle ear. This vacuum is frequently associated with fluid or recurrent ear infections.

Factors that can contribute to middle ear problems are:

- Frequent upper respiratory infections
- Day care
- Cigarette smoke exposure
- Allergies
- Enlarged adenoid pad
HOW CAN THIS PROCEDURE HELP?
Your doctor has recommended myringotomy and tubes to help bypass the Eustachian tube problem and improve the air pressure. Complications of tube insertion are not expected, but may occur, and include:

• Blockage
• Drainage
• Perforation after the tube is out
• Foreign body reaction

Your doctor will discuss each of these with you in greater detail.

WHAT SHOULD I EXPECT?
This is generally a short procedure and your child should go home after a minimal recovery period. Usually a child will return to normal activity within 24 hours.

Your child may react differently to noises due to improved hearing. Ear popping and crackling noises with yawning, burping and chewing gum are common complaints after insertion of tubes. Discomfort, if present, is usually mild and may be relieved with Tylenol. A slight straw-colored or blood-tinged discharge may occur for up to three days following surgery.

Your child’s physician will send home antibiotic eardrops to be given. If drainage persists for longer than three days, please call your ENT physician. The physician may order an oral antibiotic if an infection is present at the time of surgery.

The initial post-op office visit is scheduled for 4-6 weeks after surgery and may include a hearing test. Future appointments will be on an individual basis, usually scheduled every 6 months until the tubes are out.

OTHER HELPFUL INFORMATION

• Once the tube is in place, your child cannot feel it. Rough play will not dislodge the tubes.

• Tubes (short-acting) usually remain in place 9-12 months. Longer acting T-tubes may stay in place for over four years, at the discretion of the physician. A physician may need to remove the tubes if they stay in too long i.e. 2-3 years, but normally the short-acting tubes work themselves out without discomfort.

• Try to not get soapy water in the ears when tubes are in place. You may use plugs or cotton during bath time. Please ask what is safe to use if you’re unsure, as we can give you a list of appropriate earplugs.

• Your child should not swim in a lake, pond, river, or ocean waters with out plugs.

• If water has entered the ear canal, you can wick the water out with tissue. You may need to start eardrops if drainage is observed for up to 5 days.

• Drainage may appear as a light yellow discharge or have a similar appearance as drainage from the nose.

• If drainage should occur without a fever, start the antibiotic eardrops as instructed. Call the ENT office for further instructions if drainage persists beyond 3-5 days. If a fever is present, call the ENT office or see your primary care physician.

• Occasionally the eardrops may burn. This is a common complaint and will usually stop after a few minutes. A small percentage of children, however, will have intolerable burning (crying longer than 15 minutes). If this should occur, stop the drops and call the office for further instructions.

• Avoid other drops such as Auralgan, Americaine or Debrox while tubes are in place.

• Children may fly in aircraft while tubes are in place. Children that play wind instruments may continue to do so.

• Do not clean the ear canal with a Q-tip. This could push ear wax farther into the canal and possibly plug the tube. Use a damp washcloth on the outer ear canal only.

For more information on this procedure, please consult with your physician by calling (573) 817-3000 or visit muhealth.org/services/earnoseandthroat.