



INSTRUCTIONS CONCERNING MYRINGOTOMIES AND TUBES

A. WHAT EXACTLY IS THE OPERATION?

This is a procedure whereby a very tiny slit is made in the eardrum for the purpose of draining the fluid behind the drum. This fluid causes a temporary hearing loss, encourages infections and, in some patients, causes pain. Occasionally, there is no fluid present, and the slit is made for the purpose of inserting a very tiny plastic ventilation tube which, hopefully, will prevent recurrences of fluid formation and infection.

B. WHAT IS THE PURPOSE OF THE TUBE?

The function of the tube is to allow air to enter the ear and, hopefully, return it to a more normal condition. The tube takes over the function of the patient's own Eustachian tube which may not be functioning properly or may be immature. It also allows drainage outward to relieve pressure should an ear infection occur.

C. HOW LONG DOES THE TUBE STAY IN THE EAR?

The tube to stay in the ear for as long as possible. However, since the tube is a foreign object, the eardrum will try to reject it, and it will eventually work its way out. Generally, the tube stays in the ear from three to twelve months, or longer. Occasionally, however, it will come out after a few days or weeks. The longer the tube stays in place, the better. However, only the patient's "own body" determines how long the it will stay in place. The slit in the drum usually closes by itself after the tube works its way out. Usually, the tube is not seen when it comes out, but seeing it should not cause alarm.

D. WHAT HAPPENS TO THE TUBE?

During an office visit, the doctor will remove the tube from the ear canal after it has worked its way out of the eardrum. Occasionally, he may remove it directly from the drum after it has served its purpose and before it comes out by itself.

E. WILL OTHER TUBES BE NEEDED?

The tube may unavoidably come out too soon and fluid may re-form. If the fluid formation persists, another tube may be inserted at a later date.

WHAT TO EXPECT AFTER THE TUBES HAVE BEEN INSERTED

- 1. Pain:** Generally, this procedure causes little or no pain, but Tempera or Tylenol may be used if needed. (Either is available without a prescription and may be taken every three or four hours as needed.)



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2. **Ear Drainage Immediately After the Procedure:** Occasionally, there will be a great deal of mucus draining from one or both ears for about a week; however, it is not unusual for the ears not to drain at all. Do not be alarmed if a small, bloody discharge is sometimes seen outside of the ear.
3. **Ear Drainage After the First Week or Two:** Keeping the ear from draining is desirable; however, if the patients gets a head or chest cold, drainage days or weeks after the procedure is not unusual. While drainage should not cause alarm, we should be notified if it occurs so that medication can be prescribed if needed. Generally, It is not serious or unusual for ear drainage to have blood in it.
4. **Protection of the Ears:** Please make every effort to keep the ears dry. It is all right to wash the ears normally with a cloth, but please keep any great amount of water from getting directly into the ear. A small cotton ball coated with Vaseline should be inserted into the ear when shampooing the hair. When bathing, the head should not be submerged under the surface of the water. There is no great harm if a little water accidentally gets into the ears, but they should be protected from large amounts of water contamination.
5. **Swimming:** Ear plugs should be used when swimming. Submerging the patient's head more than one foot below the water's surface may cause the plugs to leak, and should be avoided.
6. **Eardrops:** If any eardrops are prescribed, they should be used in the following manner: Any drainage should be removed from the outside of the ear with a Q-Tip. The bottle should be shaken before applying the drops into the ears according to the directions (usually 4 drops to each ear, 3 times per day). Usually, the drops are not at all painful; however, there use should be discontinued if they appear to cause extreme discomfort.
7. **Postoperative Office Visit:** It is very important for the patient to come for a follow-up visit two weeks after the operation. If the patient was not given an appointment prior to the procedure, please call the office. We usually check the ears every 6 months after the follow-up visit. However, if there is noticeable drainage from the ear any time, we should be notified immediately.
8. **Complications:** Although very rare, a permanent perforation (opening) may remain in the eardrum after a myringotomy (use of a tube). In these cases, it is impossible to determine whether the permanent opening would have resulted even if a tube had not been used. Such an opening can usually be closed surgically, if indicated.
9. **Questions:** Please do not hesitate to call our office at (704) 868-8400 if you have any questions; if there is no answer, please call (704) 866-5899.



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For additional information regarding ear, nose, and throat problems, please visit our website at www.entcarolina.com or the American Academy of Otolaryngology – Head & Neck Surgery website at www.entnet.org.