

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Myringotomy with Tube Placement

Definition

Myringo = tympanic membrane

tomy = a cutting operation

This procedure involves making a small hole in the eardrum to remove fluid. A small tube is then inserted in the hole to maintain ventilation. This procedure is often required in childhood due to an immaturity of the Eustachian tube that connects the ear to the back of the nose, enlargement of the tonsils and/or adenoids and allergies. Being in an environment with increased risk of exposure to colds, viruses, and secondhand smoke also contributes to these problems. A child that lies on their back while drinking a bottle is also at risk for ear infections. In rare cases, immune system problems can also be a cause.

Purpose of Procedure

There are several reasons why this is done: recurrent ear infections, fluid that persists longer than three months, hearing loss due to retraction of the eardrum.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Depending on the age of the patient, your physician may suggest doing this procedure with a local anesthetic.

Procedure

This procedure involves removing ear wax from the canal if necessary. A small opening in the eardrum is then made with the use of a microscope for better visualization. Through the opening, fluid is removed with suction. A culture of the fluid may be taken to help determine the best antibiotic treatment, if necessary. A tube is placed through the opening to provide ventilation and improve hearing.

Post Procedure

Following the procedure, water exposure will be discussed by your physician. Antibiotic ear drops may be prescribed. Ear drops for pain should be avoided. A follow-up appointment will be arranged at the discretion of your physician.

Expectations of Outcome

This procedure should allow ventilation of the middle ear as long as the tube is in place. The length of time varies between patients and with various types of tubes used. Ideally the ear would remain dry, but drainage may occur instead of building up behind the eardrum. Treatment of the drainage is easier with tubes in place and ear infections are less painful.

Alternative Therapy

Observation and antibiotic treatment.

Possible Complications of the Procedure

Myringotomy with tube placement is a safe procedure, however, there may be uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Other complications: minor bleeding, persistent drainage, and a hole that does not heal.
- There is a small risk of a growth of skin behind the eardrum.
- These complications can occur with higher frequency if the operation is not done.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).