

MYRINGOTOMY AND PE TUBE INSERTION

Myringotomy with or without tympanostomy tube insertion is the most commonly performed ear operation. It is extremely safe and effective. Complications are minor and usually in the form of infection, which may be treated with antibiotics. The tube usually remains in place for several months, although it may be rejected sooner, or it may remain in place for several years. Occasionally the ear drum fails to heal after the tube has extruded and the resulting perforation may require surgical repair. In some cases, tympanostomy tubes may need to be replaced. Hearing improvement is usually immediate after fluid has been removed from the ear.

HOME CARE:

Your child may act fussy for a few hours after the procedure. Feel free to use Tylenol for any discomfort. This, however, is usually not necessary.

Floxin or Ciprodex ear drops contain antibiotics and a steroid to reduce infection and inflammation. They help to maintain the patency of the tubes. Use three drops twice a day for three days following the procedure. Keep any remaining medication available in case any significant drainage occurs in the future.

Finish whatever oral antibiotics your child has been previously given, unless instructed differently.

Bathing and showering are usually not a problem once tubes are inserted. Take care to avoid getting water directly in the ear. You can fold the back of the ear forward when rinsing hair if there is a concern. Swimming or submerging one's head underwater should be done with ear plugs. If there is concern that water has entered the ear a couple of drops of the antibiotic solution usually prevents an infection from occurring.

Although tubes do not guarantee your child will never get another ear infection, they will reduce the frequency and make them easier to treat. If your child develops a fever and the ears are not draining, it is unlikely there is an ear infection. If the ears start to drain they can be treated either with the ear drops or oral antibiotics. You may either call us or your pediatrician.

The tubes are expected to come out on their own in approximately a year. Their extrusion is usually not noticed by either you or your child. The time interval to extrusion varies and as such, your child should be checked periodically.

SPECIAL INSTRUCTIONS

Report persistent or profuse bleeding from the ear.

Report mucoid or purulent discharge from the ear.

The hospital nurse will contact you the day following your procedure. If you have problems or questions prior to then you may call us at (410)420-0057.