EAR, NOSE & THROAT
PLASTIC SURGERY CENTER

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Instructions Concerning Myringotomy and Ventilation Tubes (BMT)

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 fluid out from behind the drum. This fluid causes temporary hearing loss, encourages infections and, in some patients, causes pain. After the slit is made, a very tiny plastic or stainless steel tube is inserted to prevent the recurrence of fluid formation.

B. WHAT IS THE PURPOSE OF THE VENTILATION TUBE?

The function of the ventilation tube is to allow a free exchange of air between the outer ear and the middle ear, and hopefully, return the middle ear to normal condition. It takes over the function of the patient's own eustachian tube, which usually is not functioning properly. It also allows drainage outward to relieve pressure, should an ear infection occur.

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

Generally, we like the tube to stay in the ear as long as possible; but, since it is a foreign body, the eardrum will not want to keep it and it will eventually work its way out. It usually stays in the ear from six to twelve months or longer, but occasionally will come out in a few months. However, only the patient's "own body" determines how long the tube will stay in. The slit in the drum usually closes by itself after the tube works its way out. You usually will not see the tube when it comes out, but do not be alarmed if you do.

D. WHAT HAPPENS TO THE TUBE?

In the office, the doctor removes the tube from the ear canal, after it has worked its way out of the eardrum. Occasionally, the doctor may remove it directly from the drum, after it has served its purpose and before it comes out by itself. Rarely is the tube removed in children, unless it has been in the eardrum for approximately two years.

E. WILL OTHER TUBES BE NEEDED?

The tube may unavoidably come out too soon, and fluid may reform. At a later date, if the fluid persists, another tube may need to be inserted.

WHAT TO EXPECT AFTER THE TUBES HAVE BEEN INSERTED:

1. **DIET:** There may be nausea or vomiting for a few hours after the operation. Therefore, first start drinking liquids and advance to a regular diet as tolerated. No restrictions.

2. **ACTIVITY:** Keep quiet for the first day.

3. **WOUND DRESSING:** If there is cotton in the ears this may be remove when you go home.

4. **WHAT TO EXPECT:** There should be very little pain from this operation. Your child might be uncomfortable or restless from the anesthetic, but will usually respond to love and reassurance.

5. **PROTECTION OF THE EARS:** It is okay to wash the ears normally with a cloth, but do try to keep water from getting directly into the ear. Use a small ball of cotton, greased with Vaseline, and place it into the ear, when your desire to wash hair. For greater protection and convenience, custom fit ear molds are available at our office. The ear molds are definitely recommended if the patient intends to swim. As far as bathing goes, observe that the patient does not submerge their head completely under the water. There is usually no great harm if a little water accidentally gets into the ear but protect them from gross amounts of water contamination if ear molds are not used. Water may cause an infection with the PE tubes.

6. **MEDICATION:** Take your usual home medications unless otherwise instructed. Ear drops will be given to you after the operation. Generally, you fill the canals with the drops three times per day and place a cotton ball in the ear for 20 minutes. Occasionally, you may taste the drops; this is normal.

7. **DRAINAGE OR BLEEDING:** Please call your surgeon. After the first three days following PE tube placement, **all** ear drainage is abnormal!

8. **POST-OPERATOVE OFFICE VISIT:** You should plan to be seen in our office approximately one week after surgery.

RISKS AND COMPLICATIONS

INFECTION: Infection may develop after tube insertion. It is usually easily controlled, but a few cases may be difficult to manage. About 20% of patients with tubes have at least one bout of ear infection or drainage while the tubes are in. If the ear drains, it is important to call us or your family doctor for treatment.

HEARING LOSS: Ventilation tubes are used to control a chronic middle ear problem. Occasionally the problem may persist and cause hearing loss. Some children are born with a deaf ear or develop deafness from some other cause. Hearing tests may not identify this in a young child. Deafness is not a complication of ventilation tubes, but in a young child. A tube may be inserted, and we might find out later that one ear is deaf.

EARDRUM PERFORATION: This happens in 1-2 percent of children with tubes. It is usually not necessary to repair the hole immediately, but it can be repaired if appropriate.

RECURRENCE OF PROBLEMS: About 25% of children who have tubes will require at least one reinsertion.

IS MY OPERATION NECESSARY? There is no general agreement about when tubes should be inserted. We try to follow society guidelines, and to follow the principal that surgery should be researched for those children who do not do well with other treatments.

BLEEDING: Bleeding is a major complication of surgery. It is rare, but may be serious, and could possibly require blood transfusions. The blood banks are very careful, but there is a very small risk of transmitted infection which cannot be avoided.

ANESTHESIA COMPLICATIONS: These are rare, but may be serious. You may discuss questions with the anesthesiologist.

TYMPANOSTOMY-VENTILATION TUBE PLACEMENT

INDICATIONS: Middle ear fluid is present
Recurrent middle ear infections
To relieve ear pressure

PRE-OPERATIVE: (BEFORE SURGERY)

The day before surgery, nothing by mouth after midnight (food, drink, this includes water).

The patient must be accompanied by a responsible adult who can provide transportation to and from the hospital

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MEDICATIONS TO AVOID

Due to bleeding problems encountered during surgery, please make sure that patients scheduled for surgery discontinue taking any of the following medications or any that are related to them for **TWO WEEKS BEFORE AND AFTER SURGERY.**

SALICYLATES	IBUPROFEN	OTHERS
Aspirin	Motrin	Naprosyn
Bufferin	Advil	Persantine
Anacin	Nuprin	Coumadin
Alka Seltzer	Rufen	Clinoril
Easorin	Medipren	Indocin
Zorprin		Ticlid
Asciptin		Toradol
Ecotrin		Tolectin
		Nalfon
		Feldene
		Norgesic
		Voltaren

Medications containing acetaminophen such as Tylenol are acceptable.