

Post-operative Instructions and Information for

Myringotomy and Tube Placement

General: The space behind your eardrum is called the middle ear (ME). The ME is connected to the back of the nose by the Eustachian tube. The Eustachian tube is a thin tube lined by tissue similar to your nasal cavity. The Eustachian tube may become swollen and blocked by several causes: e.g. viruses, allergies, tobacco smoke, and sinus infections. This blockage may lead to fluid formation in the ME (behind the eardrum). This fluid limits the eardrum's vibration; and consequently, may reduce your hearing as much as foam ear plugs. This hearing loss commonly causes speech delay in children. This fluid may also lead to frequent ear infections (otitis media). Lancing the eardrum and placing a small tube in the eardrum (myringotomy and tube placement) can help decrease both the hearing loss and the frequency of infections. After the tube is placed, the fluid may drain out of the ME for a few days, and the hearing should rapidly improve during that time. Also, by removing the fluid and decreasing the likelihood of its recurrence, the number of ear infections may be greatly reduced. The tube is eventually extruded over time into the ear canal, and the eardrum closes behind it. Occasionally the eardrum does not close over the hole, and the patient may require a procedure to close the hole. Most tubes last 6–18 months.

Ear Drainage: Your ear may have some drainage in several instances:

1. After surgery for up to a week
2. After water has washed ear canal bacteria into the ME or irritated the ME lining. Please avoid any large amounts of dirty or soapy water from entering the ear. A few splashes of clean water rarely causes problems
3. After a common cold or other nasal infection
4. After feeding an infant a bottle in a flat or reclined position
Please call us or your primary care physician for antibiotic ear drops. Oral antibiotics are rarely needed for ear drainage. The ear canal may need to be cleaned before antibiotic eardrops are applied.

Please use the following procedure when giving eardrops:

1. Warm the eardrops up to body temperature by placing the bottle under your arm for a minute.
2. Lay the patient on his/her back or side with the draining ear up
3. Clean any obvious pus from the outer ear canal with a tissue but do not place a Q tip into the ear canal.
4. Drip the recommended number of drops of the medicine slowly into the ear, gently push the small cartilage in front of the canal (tragus) in and out a few times to pump the drops deeper. Pulling the external ear out may help open the canal before placing the drops
5. Have the child lay with that ear up for the next 5-10 minutes
6. Sit the patient up and absorb any remaining drainage from the canal, do not place Q tips in the ear
7. Repeat for the other ear if needed

Pain: Ear tubes themselves do not cause any ear pain. Your child will not need any narcotics after this surgery. You may give them acetaminophen or ibuprofen on the day of surgery if they appear uncomfortable.

Water Avoidance: As mentioned before, soapy water may irritate the ME. Therefore, please avoid letting the child lay down in a tub with water deep enough to enter the ear. Also, please keep your child's head out of any hot tub. In general, children with ear tubes may swim on the surface **AND UP TO 2 FEET BELOW THE SURFACE** of most clean, chlorinated swimming pools. Occasionally, a child may need earplugs to keep even small amounts of water out of the ear. But remember that no earplug is water tight, and the child should avoid diving and jumping into the pool.

Feeding Upright: Please keep any infant's head up at least 45 degrees above the horizontal when feeding or nursing. Any liquid can pool in the child's throat and leak up to the Eustachian tube opening in the back of the nose. This fluid may lead to ear drainage. This is especially important in a child with a cleft palate.

Diet: Resume diet as tolerated.

Activity: No physical restrictions.

Follow-up Visits: Please return to our office to check your child's ears in the first month after surgery and as directed by your ENT doctor afterwards. In general, it is best for your child's ears to be checked every **6-12** months until the tube falls out of the ear.

Other Questions: For non-emergent questions, please call our office (503-581-1567) between 9:00 am and 3:00 pm. Monday through Friday. For emergent question, please call our office (503-581-1567), and our answering service will page the doctor on call. Ear drainage without a fever is rarely an emergency. If the ear is draining, please call us during business hours.