



MYRINGOTOMY AND TUBE PLACEMENT

Department of Otolaryngology – Head and Neck Surgery
VCU Health Systems

I. Purpose of Tubes

Ear tubes are placed for recurrent ear infections or chronic fluid behind the eardrum causing hearing loss. The tubes allow ventilation and drainage of the middle ear space, which lies behind the eardrum. They usually stay in approximately 12-18 months. The tubes will typically migrate out of the eardrum and fall into the ear canal. From there the tubes get covered in earwax and usually migrate out of the ear canal on their own. Occasionally the tubes will remain in the eardrum indefinitely, and need to be removed under anesthesia. The tubes allow time for the child to outgrow the problem of poor eustachian tube function, which can lead to recurrent infections or persistent middle ear fluid. Most children who require tubes only require one set. However, some children may need multiple sets of tubes before they “outgrow” their ear problems.

II. The Procedure

Tube placement is usually performed under general anesthesia. Most healthy children will not require IV catheter placement. Anesthesia is given via a mask. The tubes are placed working through the ear canal using a microscope. There are no external cuts or scars. A small cut is made in the eardrum, and any fluid present is removed with suction. The tube is inserted, and antibiotic eardrops are placed in the ear canal. Once the procedure is completed the child is awakened from anesthesia and brought to the recovery room to finish “waking up”. The procedure, including time for anesthesia, usually takes 30-45 minutes.

III. Postoperative Issues

- 1. Pain**

Usually there is little or no pain after tube placement. Such pain should be adequately controlled with acetaminophen (Tylenol, Panadol, Tempra, etc.) or ibuprofen (Motrin, Advil) pain relievers. Please refer to the package insert for the dosage appropriate for your child’s age and weight. Please call if your child appears to be having pain despite these medications.
- 2. Eardrops**

A bottle of antibiotic eardrops is routinely given to parents following tube placement. These are used to prevent infection, which can be caused by tube insertion. They are to be given as 3 drops to each ear, three times per day, for three days after the procedure.

Directions for use: Shake the bottle so the particles are evenly distributed prior to use. Place 3-4 drops in the ear canal with the head tilted to the other side. Push several times on the part of the outer ear just in front of the ear canal to force the drops deep into the ear canal. Cotton can then be placed in the outer portion of the canal. Tilt the head to the other side and repeat the procedure.
- 3. Diet**

There are no dietary restrictions following tube placement. Some children may have mild nausea or occasional vomiting because of general anesthesia, which usually resolves after a day or two.

- 4. Activity** There are no restrictions on activity after tube placement.
- 5. Drainage** Drainage from one or both ears is not unusual for 2 or 3 days after surgery. Such drainage is either clear or cloudy but, on occasion, can be bloody depending on how infected the ear was at the time of surgery. Because eardrops are instilled at the time of tube placement, it is very common to see weepage on the cotton plug or pillowcase the first day. Significant cloudy, foul smelling, or bloody drainage beyond three days following surgery is unusual. It may be an indication of continued active ear infection and should be reported.
- 6. Fever** Fever is unusual after the procedure. Please call if your child is running an oral or rectal temperature higher than 101° F beyond the first day after surgery.
- 7. Hearing** The placement of ear tubes usually allows hearing to return to the child's normal baseline level. Please note that children may temporarily experience sensitivity to loud sounds after tube placement. The tubes themselves rarely can cause mild low pitch hearing loss, which resolves after the tubes fall out.
- 8. Ear Infections** Myringotomy tubes usually decrease both the number and the severity of ear infections. Some children may have no ear infections with tubes in place. With tubes in place, your child may not display the usual symptoms you have come to associate with ear infections such as ear pulling, or irritability. There may be fever and you might notice drainage on the outer ear. If your child should develop drainage from the ear, it should be reported. An antibiotic will usually be prescribed.
- 9. Bathing** Water entering the middle ear through the tubes can lead to ear infections. This rarely occurs during routine bathing or swimming with the head above water. In children who swim under water, it is necessary to use protective earplugs to prevent infection. A variety of foam or putty earplugs are available in most drugstores for this purpose. For children who require better protection, fitted earplugs can be ordered through our audiologists.
- 10. Follow-up** Please call: Richmond Medical Commons/Stony Point Office (804) 323-0830
Downtown VCUHS Office – AD Williams Bldg (804) 628-4368
- To schedule a follow up visit in _____.
- 9. Contacts** During business hours (Monday through Friday, 8 am – 5 pm) please call the office at which you are usually seen: Richmond Medical Commons/Stony Point Office (804) 323-0830; Downtown VCUHS – AD Williams Building Office (804) 628-4368. Ask to talk to a nurse or your doctor. After business hours (5 pm – 8 am and weekends) please call the VCU Health Systems page operator at (804) 828-0951 and ask to speak to the otolaryngologist (Ear, Nose and Throat doctor) on call.