

Ear Infections and Tubes

Surgical Information



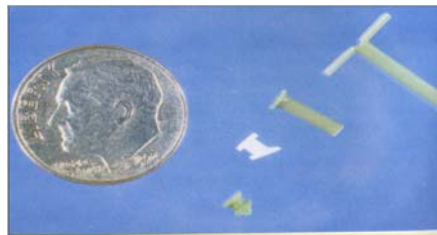
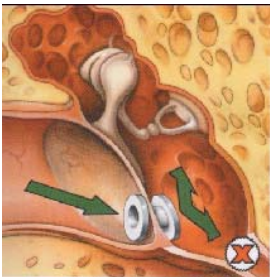
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ENT Bowling Green

Parental Guide to Ear Tubes

What are ear tubes?

Ear tubes are tiny cylinders placed through the ear drum (tympanic membrane) to allow air into the middle ear. They also may be called tympanostomy tubes, myringotomy tubes, ventilation tubes, or PE (pressure equalization) tubes. These tubes can be made out of plastic, metal, or Teflon and may have a coating intended to reduce the possibility of infection. There are two basic types of ear tubes: short-term and long-term. Short-term tubes are smaller and typically stay in place for six months to a year before falling out on their own. Long-term tubes are larger and have flanges that secure them in place for a longer period of time. Long term tubes may fall out on their own, but removal by an otolaryngologist is often necessary.



Who needs ear tubes and why?

Ear tubes are often recommended when a person experiences repeated middle ear infection (acute otitis media) or has hearing loss caused by the persistent presence of middle ear fluid (otitis media with effusion). These conditions most commonly occur in children, but can also be present in teens and adults and can lead to speech and balance problems, hearing loss, or changes in the structure of the ear drum. Other less common conditions that may warrant the placement of ear tubes are malformation of the ear drum or Eustachian tube, Down Syndrome, cleft palate, and barotrauma (injury to the middle ear caused by a reduction of air pressure), usually seen with altitude changes such as flying and scuba diving.

Each year, more than half a million ear tube surgeries are performed on children, making it the most common childhood surgery performed with anesthesia. The average age of ear tube insertion is one to three years old. Inserting ear tubes may:

- reduce the risk of future ear infection,
- restore hearing loss caused by middle ear fluid,
- improve speech problems and balance problems, and
- improve behavior and sleep problems caused by chronic ear infections.

What happens during surgery?

A light general anesthetic (laughing gas) is administered for young children. Some older children and adults may be able to tolerate the procedure without anesthetic. A myringotomy is performed and the fluid behind the ear drum (in the middle ear space) is suctioned out. The ear tube is then placed in the hole. Ear drops may be administered after the ear tube is placed and may be necessary for a few days. The procedure usually lasts less than 15 minutes and patients awaken quickly. Sometimes the otolaryngologist will recommend removal of the adenoid tissue (lymph tissue located in the upper airway behind the nose) when ear tubes are placed. This is often considered when a repeat tube insertion is necessary. Current research indicates that removing adenoid tissue concurrent with placement of ear tubes can reduce the risk of recurrent ear infection and the need for repeat surgery.

Tubes

Your child has just had tubes placed in the eardrums. This instruction sheet is provided to help answer the most common questions about a child's care after tubes. The staff at Bowling Green ENT is always available to help you care for your child. If you have any questions, please do not hesitate to contact us.

What should I do if my child is bleeding from the ears?

Occasionally children will have very minor bleeding from their ears after tubes. If more than a few drops come out, or if the bleeding persists for more than a day or so, give us a call.

What if my child vomits after the surgery?

While it is unusual for a child to vomit after tubes, it can occasionally occur, generally as a side effect of the anesthetics used. It is very unusual for the vomiting to continue. If it does, give us a call.

Will my child's ears hurt after the surgery?

Children generally feel much better with their ears after tubes, but some will complain of pain after the surgery. This can be treated with Tylenol and Ibuprofen and should stop after a day.

Is it normal for my child to run a temperature?

Most children do not run fevers after tubes. Occasionally, a child will have a low-grade fever for a day or so after the surgery. If the fever persists, give your doctor a call.

Should my child be on antibiotics?

If your child was on antibiotics before the tubes were placed, it is a good idea to finish the prescription. Most children will be placed on antibiotic drops after surgery. These are used for a number of reasons: 1) to help keep the tubes from clogging 2) to treat any infection present at the time of surgery. Occasionally, children will also be placed on oral antibiotics. Prescriptions or samples will be provided to you at the time of surgery.

What about drainage from the ears?

Children with longstanding ear infections before the surgery may well have drainage from the ears for several days after the surgery. This is infection and fluid from the middle ear that will stop as the infection resolves. Antibiotic drops may be prescribed to help treat the drainage. If drainage persists beyond five days, please give us a call. Children in daycare may experience higher rates of drainage.

How long will it take my child to recover from the surgery and return to normal activities?

A child will quickly recover from surgery for tubes. This is because the anesthetic exposure is so brief and the surgery is minimally invasive. Most children will be back to normal within a few hours after the surgery. Occasionally, the afternoon nap will be a little longer than normal for the first day. A child should be able to return to his or her normal activities the next day.

What should my child eat and drink after the surgery?

The first sips after the surgery should be of clear liquids, such as water or juice. The child should rapidly progress to eating a regular diet.

Why does my child tug at the ears after the surgery?

It is not uncommon for a young child to tug or pull at the ears after surgery. We think that this is because they are so accustomed to feeling fullness in the ears from the fluid, that once the fluid is drained the ears feel odd. Young children in particular cannot express this verbally, so they pull or tug at the ears for several days until they get use to the feeling of having normal ears. Older children tell us that they cannot feel the tubes in their ears.

Can my child hurt the tubes by sticking a finger in the ear canal?

No, the tubes are further down in the ear canal than the child can reach.

Will vigorous physical activity cause the tubes to come out?

No, your child can jump and run and bounce without fear that the tubes will come out.

What about flying?

Your child will do fine with flying as the tubes will allow the pressure in the ears to equalize easily.

What about keeping water out of my child's ears?

ENT doctors have different opinions as to whether you should keep water out of your child's ears after surgery. Some studies conclude that the risk of infection is increased and other studies report no difference between children with or without water protection. We suggest that you keep all dirty water out of your child's ears after tubes have been placed. This includes lakes, streams, creeks as well as bath water. Children should not place their ears under any dirty water. If children are swimming and are planning to go under water (deeper than 2 feet), they should be fitted with earplugs and an Ear Band-It or swimming cap. For younger children that are primarily surface swimming and splashing, plugs are not as necessary. Custom fitted plugs and Ear Band-Its are available at the office as well as local home health care facilities.

Getting water in your child's ears once or twice is not a disaster. What you should try to avoid is chronic water exposure, as this can lead to infection and drainage from the tubes. Although this drainage can be treated with oral antibiotics or drops, we hope to

avoid this, as one of the reasons your child had tubes placed in the first place was to try to reduce the amount of antibiotic administered.

Your child will need a checkup in two or three weeks to make sure everything is all right and to answer any of your questions. If things go as planned, your child will be seen every six months after surgery until the tubes are out. Most tubes will fall out without intervention. If tubes are still present 24-36 months (depending on the age of the patient) after placement, surgical excision may be required.

If you see drainage out of your child's ears, notify the office. If another physician starts treatment of an ear infection, notify the office for further instructions regarding evaluation.

If we can help you at all, please do not hesitate to contact us.

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