



MYRINGOTOMY AND TUBE PLACEMENT

Risks and Complications of Surgery

Your problem may be helped by myringotomy and tube placement. As with any surgery, there are not only gains but also risks. You must keep in mind that you may not benefit from the surgery. The risks of this procedure are listed below.

INFECTION: The primary purpose for placing tubes in the ears is to restore normal ventilation (air pressure equalization). In patients who are having ongoing ear infection at the time tubes are placed, this infection is allowed to drain out through the tubes and drainage may last for several days. In some difficult cases, further antibiotic treatment is required, sometimes administered directly into the ear through the tube, before clearing is accomplished. At any time in the future infections can still occur, especially during a cold, but should be infrequent and easy to treat.

EARLY EXTRUSION: The tubes are designed to remain in place for approximately one year, allowing time to outgrow the ear infection tendency. However, occasionally the tubes will be “pushed out” by the eardrum in only a few months, increasing the likelihood of needing replacement.

PERMANENT PERFORATION: The chances of the hole in the eardrum the tube is placed in not healing after the tube is out is approximately 1-2%. This would require a patch procedure to repair but no residual harm would result. In the case of “long term” tubes designed to stay in place for many years, the risk of a permanent hole is greater.

HEARING: Tube placement in the ear is an extremely safe procedure. Any hearing loss caused by the fluid or infection behind the eardrum is corrected by tube placement. Normal hearing is not affected while a tube is in place. In small children undergoing tube placement, the hearing is not fully known before surgery, and it is only as they age that more accurate hearing test can determine their hearing level.

Date

Signature