



MYRINGOTOMY AND TYMPANOSTOMY TUBES (EAR TUBE PLACEMENT)

Instructions following Surgery

1. In children ear tube placement is a 5 to 10 minute procedure done with inhalational (gas) anesthesia. No IV is required. The child will spend 10 to 15 minutes in the recovery room after the procedure until they are mostly awake and then be brought to you. It is normal for the child to be very fussy and confused for 30 minutes, after which they should be back to normal and ready to go home.
2. It is normal to see a watery or even bloody discharge from the ears for 2 to 3 days. If the discharge lasts longer than 3 days report it to the Dallas Ear Institute offices. In cases of severe infection at the time of tube placement the ear discharge may last longer and even require additional treatment after tube placement to eradicate the infection.
3. Ear tubes are designed so that the eardrum can push them out in 6 to 18 months, after which the eardrum seals again. Ears vary in how long they will hang on to tubes. During the life of tubes it is common for children to still get an ear infection, especially during colds. This will manifest itself as either bloody or “snotty” drainage from the ear. Report this to the Dallas Ear Institute offices and medication will be prescribed.
4. If water gets into an ear with tubes in place it does not cause any damage. However it can be painful and cause burning, especially chlorinated or soapy water. As long as the ears are not submerged under water or water poured directly onto the ear, no ear protection is needed. However children who will be swimming under water should wear earplugs to avoid the painful entry of water into the tubes. Custom fitted ear mold can be made in our audiology lab. Our office nurse can also provide you with an ordering form for a Velcro neoprene headband that covers the ears and holds ear plugs in place if needed for diving or when earplugs have difficulty staying in place.
5. The patient will be seen in the office every 4 to 6 months after surgery to determine the function of the tubes. There is often no noticeable signs of the tubes extruding. Therefore, the ears must be examined to determine when the tubes cease functioning and how the ears will do once the tubes are no longer in place.