

## INFORMATION ON MYRINGOTOMY AND TUBE INSERTION

### **INDICATIONS**

Chronic hearing loss, especially in children, is frequently due to obstruction of the Eustachian tube. This is the narrow tube which connects the middle ear (the space behind the eardrum) with the back of the nose.

Normally the middle ear space contains air. When the Eustachian tube is blocked, the middle ear fills up with fluid, resulting in a temporary hearing loss. If the tube does not open by itself, or fails to respond to medical treatment, it may be necessary to remove the fluid and place a drainage tube in the eardrum. This will keep air in the eardrum and the middle ear, and usually restores hearing to normal.

Children usually undergo this procedure under general anesthesia. It is sometimes performed alone, but often is done in conjunction with a tonsillectomy and adenoidectomy. The tube itself does not cause any post-operative discomfort. Apart from improved hearing, the patient is usually totally unaware that the tube is in the ear.

### **BLEEDING**

Occasionally, some bleeding may occur within the first two or three days. Simply keep cotton in the ear, changing it whenever necessary, until the bleeding stops. If it persists for more than 24 hours, you should seek medical assistance.

### **INFECTION**

The ears should be kept absolutely dry. **DO NOT ALLOW ANY WATER TO ENTER THE EAR CANALS.** If this should happen, a middle ear infection could occur.

### **EAR PROTECTIVE DEVICES**

You will need to get a device to keep water out of your ears after the surgery. Several methods are listed below:

- A piece of cotton, followed by another piece of cotton dipped in Vaseline and placed in the bowl of the ear is a good temporary plug for use while washing the hair, etc.
- Custom made ear molds, cast to conform to the individual's ear contour. Hearing aid dealers will make these of rigid acrylic or soft rubber.
- Moldable wax ear plugs are available at most pharmacies.

## **POST OPERATIVE VISITS**

The first visit is normally two or three weeks after surgery. As long as the tubes remain in place (usually from 6 to 12 months), office visits are necessary every 3 months. Appointments may be made by phoning the Advanced Center for Specialty Care at (773) 296-7040.

## **EARACHE**

An earache may be, and frequently is, the result of a wide variety of problems which are aren't related to the ear. If there is no fever or symptoms, try taking Tylenol or aspirin. If the earache isn't gone within 24 hours or so, call your pediatrician, family physician or surgeon.

## **DRAINAGE FROM THE EAR**

Normally there is no visible drainage from the ear after this procedure except for initial bleeding. If drainage does occur, there may be a sign of infection. Observe the drainage for 24 hours. If it stops, no treatment is necessary.

Should it persist, consult your pediatrician or family physician. Occasionally, your doctor may prefer that the matter be handled by the operating surgeon. If the problem persists for a week or 10 days, it would be wise to consult the operating surgeon for an opinion. Such contact should be made by phone to the office, so that the child's record may be consulted before advice is given.