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INSTRUCTIONS CONCERNING MYRINGOTOMIES AND TUBES

A. WHAT EXACTLY IS THE OPERATION?

This is a procedure, whereby a very tiny slit is made in the eardrum for the purpose of draining fluid out from behind the drum. This fluid causes temporary hearing loss, encourages infections and, in some patients, causes pain. Occasionally, there is no fluid present and the slit is made for the purpose of inserting a very tiny plastic ventilation tube and, hopefully, preventing recurrences of fluid formation and infection.

B. WHAT IS THE PURPOSE OF THE TUBE?

The function of the tube is to allow air to enter the ear, and, hopefully, return it to a more normal condition. It takes over the function of the patient's own eustachian tube which may not be functioning properly or may be immature. It also allows drainage outward to relieve pressure should an ear infection occur.

C. HOW LONG DOES THE TUBE STAY IN THE EAR?

Generally, we like for the tube to stay in the ear as long as possible. However, since it is a foreign body, the eardrum will not want to keep it and it will eventually work its way out. It generally stays in the ear from three to twelve months, or longer. Occasionally, however, it will come out in a few days or weeks. The longer the tube stays in place, the better. However, only the patient's "own body" determines how long the tube will stay in. The slit in the drum usually closes by itself after the tube works its way out. You usually will not see the tube when it comes out, but do not be alarmed if you do.

D. WHAT HAPPENS TO THE TUBE?

In the office, the doctor removes the tube from the ear canal after it has worked its way out of the eardrum. Occasionally, he may remove it directly from the drum after it has served its purpose and before it comes out by itself.

E. WILL OTHER TUBES BE NEEDED?

The tube may unavoidably come out too soon and fluid may reform. At a later date, if the fluid persists, another tube may need to be inserted.

WHAT TO EXPECT AFTER THE TUBES HAVE BEEN INSERTED

1. Pain: Generally, this procedure usually causes little or no pain, but Tylenol or Tylenol may be given if needed. (Tylenol is available without a prescription and may be given every three or four hours as needed.)
2. Ear Drainage Immediately After the Procedure: Do not be alarmed if there is a small bloody discharge to the outside of the ear, off and on, for a few days. Occasionally, there will be a great deal of mucus draining from one or both ears for about a week. It is not unusual if the ears do not drain at all.
3. Ear Drainage After the First Week or Two: Generally, we wish to keep the ear from draining. However, it is not unusual should the patient get a head or chest cold, to notice some drainage from the ear. This may occur some days or weeks after the procedure and there is nothing to be alarmed about. However, we would like for you to notify our office so that medication may be prescribed, if needed. It is generally not serious or unusual for ear drainage to have blood in it.
4. Protection of the Ears: Try to favor the ears and keep them dry. It is all right to wash the ears normally with a cloth, but do try to keep any great amount of water from getting directly into the ear. Put a small ball of cotton, greased with Vaseline, into the ear when you desire to wash the hair. As far as bathing goes, observe that the patient does not dunk under the water. There is no great harm if a little water accidentally gets into the ears, but protect them from gross amounts of water contamination.
5. Swimming: Ear plugs may be needed when swimming. The patient's head should not be submerged more than one foot below the surface or the plugs will leak.
6. Eardrops: If any eardrops are prescribed, they are to be used in the following manner: any drainage that is seen should be mopped away from the outside of the ear with a Q-tip. Following this, the drops are shaken and instilled into the ears according to the directions (usually four drops to each ear, three times per day). The drops generally are not at all painful. However, if they appear to cause extreme discomfort, discontinue their use.
7. Postoperative Office Visit: The patient should be seen for a follow-up visit in about two weeks after the operation. If you were not given an appointment prior to the procedure, please call the office. We usually check the ears every six months after the follow-up visit. However, any time there is noticeable drainage from the ear, we would like for you to notify the office.
8. Complications: Although very rare, a permanent perforation, or opening, may remain in the eardrum after a myringotomy, or use of a tube. In these cases, it is impossible to determine whether the permanent opening would have resulted anyway, even if a tube had not been used. Such an opening can usually be closed surgically, if indicated.

9. Questions: Please do not hesitate to call (704) 868-8400 if you have any questions at all. If no answer, please call (704) 866-5899.

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