

We have recommended a myringotomy and tube insertion procedure for you or your child. We consider surgery as a last option for patients who fail medical therapy or when medical therapy would be inappropriate. Some of the more frequently asked questions are answered below.

WHY IS THIS PROCEDURE DONE?

Myringotomy and tube insertion is usually done for one or two reasons. Either you are having recurrent ear infections (recurrent acute otitis media) or persistent fluid in the middle ear (otitis media with effusion). Occasionally it is performed for persistent eustachian tube problems that do not respond to medical treatments.

WHAT IS ACUTE OTITIS MEDIA?

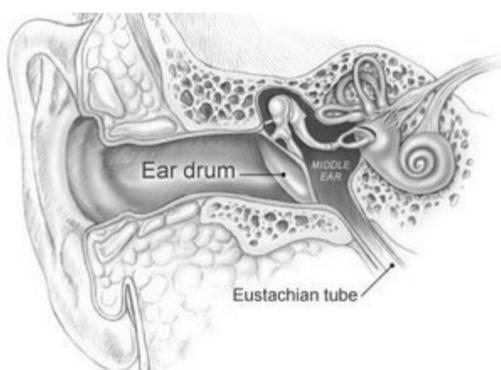
Acute otitis media is an infection of the middle ear. It can occur at any age, but is most common in between the ages of 6 to 24 months, and remains common until age 6 years. Patients have pain in the affected ear and often have fever. Infants will become irritable and sleep poorly. They may also feed poorly and have diarrhea or vomiting. Older children and adults will complain of pain, hearing loss and a plugged sensation in the affected ear. Acute otitis media, often follows an upper respiratory tract infection, such as a cold. In some individuals it may be related to allergies or sinus infections. All of these conditions affect the function of the eustachian tube.

WHAT IS OTITIS MEDIA WITH EFFUSION?

Otitis media with effusion is a condition where fluid is trapped behind the eardrum in the middle ear. This fluid buildup causes hearing loss and a plugged sensation. It also makes the patient very susceptible to recurrent ear infections (acute otitis media). Fluid becomes trapped in the middle ear when the normal drainage system of the ear (the Eustachian tube) does not work properly.

WHAT IS THE EUSTACHIAN TUBE?

The eustachian tube is a structure in our skull that connects the middle ear to the very back of the nose. It allows fluid to drain out of the ear, air to enter the ear, and the pressure inside the ear to equalize. The eustachian tube often works poorly in young children since it is narrower, the supporting cartilage is softer and its position in the skull is more horizontal. As the skull grows the function of the eustachian tube usually improves, and this is most noticeable around age 6. The normal function of the eustachian tube can be affected by anything that causes swelling, inflammation or blockage in the back of the nose. Common conditions that impair eustachian tube function are upper respiratory infections (colds and flu), allergy, sinus infections, enlarged adenoids, and tumors or growths in the area.



WHAT IS MYRINGOTOMY AND TUBE INSERTION?

Myringotomy and tube insertion is a surgical procedure done by Ear, Nose and Throat specialists. Infants and children require a brief general anesthetic for this, but most adults only need local anesthetic ("freezing"). The patient's ear is examined under an operating microscope. A small incision is then made in the eardrum. If fluid is present it is suctioned out. A small tube is then placed in the incision to keep it open.

WHAT DOES THE TUBE DO?

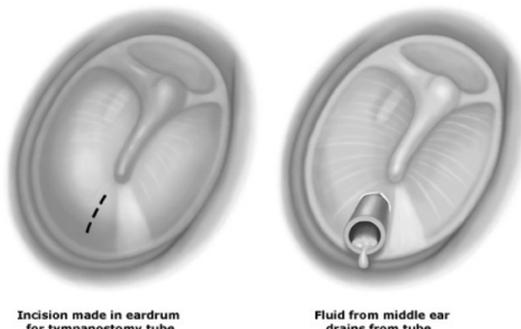
The tube connects the middle ear with the ear canal. This replaces the function of the eustachian tube, allowing fluid to drain out, air to get in and pressure to equalize. Tubes are around 90% effective in preventing ear infections and instantly remove fluid from the middle ear improving hearing. The tube normally stays in place for 6 to 18 months, and falls out on its own. Around 2% of the time the tube does not fall out and must be removed by us. When the tube falls out it leaves a small hole in the eardrum. This normally heals without further intervention, but in about 2% of patients it does not heal and these patients may require a small patching procedure later on.

BEFORE SURGERY

After the office evaluation consisting of an examination, audiogram (hearing test) and tympanogram (pressure & fluid test) our office arranges the surgery. You should have nothing to eat or drink after midnight on the night prior to surgery (adults having the procedure done in the office may eat normally). Please show up at the scheduled time arranged by the surgery center/hospital. There are forms to fill out and patients are seen by a nurse and anesthesiologist prior to the procedure.

DURING SURGERY

Children are put to sleep using an anesthetic gas with a small mask. This is a painless, gentle and quick method. The procedure is then performed by your surgeon. After the patient is awake they are taken to the recovery room. Parents are usually allowed to see their child in the recovery room once they are awake and stable. In most cases an IV or injection is not required.



AFTER SURGERY

Most patients can return home an hour or so after the procedure once the anesthesiologist has cleared them. Often patients are drowsy or irritable for the rest of that day. You are encouraged to drink fluids and rest for the remainder of the day. The next day you can return to all normal activities. Depending on the findings at surgery, your doctor may place you on ear drops or an oral antibiotic. This should be taken as directed. Usually acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) is adequate for any discomfort following surgery.

After tube are placed water should be kept out of the ears if the patient's head is submerged or there is excessive splashing. If water enters the ear canal it may get through the tube and cause an infection. Earplugs that are custom made are well tolerated and effectively keep the ears dry. The earplugs should be kept in a place with a bathing cap or waterproof headband. Custom earplugs and waterproof headbands are available at our office. In most cases protection is not needed for simply bathing as long as care is taken not to introduce excessive water into the ears.

POSSIBLE PROBLEMS

The most common problem following this procedure is drainage from the ears. It is not uncommon for there to be some drainage for the first few days after surgery, which may be blood tinged. If the drainage persists or occurs later on this usually means an ear infection is present requiring treatment usually with ear drops and sometimes an oral antibiotic. There may be no pain or fever associated with infection, but the drainage is usually thick, yellow or gray colored and may have an odor. Occasionally the tube falls out early or becomes blocked and no longer functions. Unfortunately this is usually not preventable and may require replacement of the tube(s). If you have any concerns or problems following surgery please call our office for assistance. In case of an emergency we are available 24 hours a day through our answering service (313) 396-0615. You should remember that no surgery is 100% effective and that there are risks to all surgical procedures. Since some risks only occur very rarely they cannot all be mentioned. We hope this pamphlet helps you better understand your condition, the recommended procedure and its risks. If you have any questions about your procedure or its risks please call us prior to surgery.