



HELENA EAR, NOSE & THROAT CLINIC

Dr. Pargot
Dr. Sanders

Ph: 406-204-2409
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MYRINGOTOMY WITH TUBE INSERTION is primarily done for persistent middle ear fluid, recurrent ear infections or hearing loss caused by fluid in the middle ear. Fluid collects in the middle ear space because the passage (Eustachian tube) connecting the back of the nose with the middle ear is not functioning. The area behind the eardrum is called the middle ear space and contains the bones of hearing. The Eustachian tube is normally the only airway to the middle ear space. When one swallows, air passes up the Eustachian tube into the middle ear and allows equalization of air pressure. When the passage is not working properly, air cannot pass into the middle ear and a negative pressure develops (like a vacuum) pulling fluid from the tissue lining the middle ear filling this space with fluid. Most children outgrow this condition; however, if fluid persists or infections occur frequently, then ventilation tubes become beneficial and help to prevent chronic ear disease with permanent ear damage and loss of hearing.

The tympanostomy or ventilation tubes act as a temporary artificial Eustachian tube and they allow fluid to drain without pain while reducing the number of ear infections and maintaining normal hearing. The tubes are pushed out naturally by the eardrum as it heals. This usually occurs at 6-12 months but can vary from child to child. Sometimes the fluid recurs after the tube comes out; this may require another set of tubes and possibly an adenoidectomy and tonsillectomy.

Ventilation tubes are placed under general anesthesia in the operating room. No food or drink (including water) should be taken after midnight the night before surgery.

The procedure is short (less than ½ an hour) and discharge from the hospital is soon after a short stay in the outpatient surgery.

The procedure is essentially painless, but your child may be fussy or tired for the rest of the day as the general anesthetic completely clears the body. There may be a drop or two of blood from the ear or on the cotton ball, which is normal. If a significant amount of fluid is found at the time of surgery, there may be additional drainage for the next 24 -48 hours. You will be given ear drops to use for the first 3 days, if the drops cause discomfort or pain then the drops should be discontinued. If drainage persists beyond this time, call the office for advice. After surgery normal activity and diet may be resumed as soon as fully recovered from anesthesia.

Until tubes come out (which should be confirmed by an ENT physician), water must be kept out of the ears. Water will pass through the tubes to the middle ear space and cause an infection. Cotton covered with Vaseline inserted into the entrance of the ear canal while bathing or showering usually protects the middle ear. If unsatisfactory or if you would prefer, custom ear molds can be made in the office or ear plugs can be purchased at most drugstores. Neoprene headbands should be used in addition to earplugs if the child swims or places his/her head underwater. Avoid using wax plugs, however.

If ear drainage develops later, then begin using the ear drops prescribed by Dr. Pargot. If drainage continues, please call the office and we will make arrangements for further treatment.



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RISKS/COMPLICATIONS OF SURGERY: *TYPMPANOSTOMY TUBE INSERTION*

The following are possible complications and risks associated with this procedure. There is a possibility of unforeseen complications and general anesthesia risks in addition to those listed, as with any operative procedure.

- **Bleeding:** It is very rare to have significant bleeding from the ear after surgery. It is common, however, to have drops of blood or blood mixed with infected fluid as it drains from the tube the first several days.
- **Infection:** Ear infection with drainage may develop following the tube insertion. It usually is easily controlled with antibiotics.
- **Otorrhea:** Occasionally the tube itself can cause drainage from the ear because sometimes the body recognizes it as a foreign body. The tube may have to be removed or replaced.
- **Hearing Loss:** It is very rare to develop permanent hearing loss following tube placement.
- **Eardrum Perforation:** Tube insertion is performed to create a temporary hole in the eardrum. On rare occasions (1% of cases), the drum fails to heal after the tube comes out, and the hole remains. This can be repaired surgically when the child is older.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Parent or Legal Guardian _____

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