

EAR TUBES

Instructions for parents

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This handout is designed to answer the most commonly asked questions about ear ventilation tubes.

Please read this handout completely before the day of surgery.

Why does my child need ear ventilation tubes?

The most common reasons for having ear tubes recommended are:

- Recurring infections of the middle ear (also called “otitis media”)
- Fluid that lingers behind the eardrum causing poor hearing and possible speech difficulties

Symptoms of ear infections include fever, earache and occasionally drainage from the ear. In addition, children may experience increased fussiness, poor feeding and/or temporary hearing difficulty. When the area behind your child’s eardrum is filled with fluid, sounds may be muffled as though he is under water. This poor hearing can hinder speech development. About 80% of ear infections respond to antibiotics. However, for the other 20%, medications are not completely effective, and placing the ear tubes allows the fluid to drain out, easing the pain and improving the hearing.

Why do my child’s infections keep coming back?

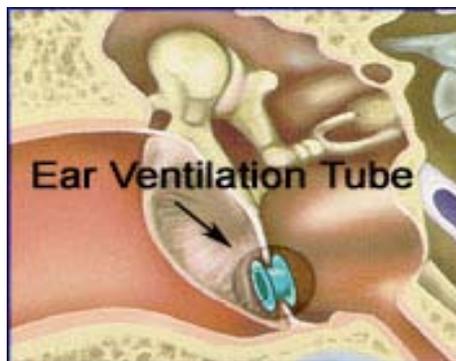
Although there can be many causes of ear infections, there are two common reasons why infections persist or keep coming back:

1. The first possibility is that antibiotics did not kill the bacteria or a virus is responsible for the infection and antibiotics will not work. It is for this reason that several different types of medications may have been used before the decision to place ventilation tubes was made.
2. The second is that the middle ear space (behind the eardrum) is not well aerated. The Eustachian tube connecting the back of the nose and the middle ear space may not be functioning properly, a common situation in young children. If the fluid behind the eardrum doesn’t drain well, the bacteria thrive in this warm, moist environment and cause infection.

What are ear tubes and how are they placed?

A ventilation tube is made of plastic or metal and is a little larger than the tip of a ballpoint pen. The tube fits like a button in the eardrum. It allows fluid to escape from behind the eardrum, and allows fresh air to circulate in its place. Although tubes will not prevent all infections, benefits include immediate improvement in hearing and a marked decrease in infection rates. They also allow us to treat future infections with topical antibiotic ear drops instead of oral/systematic antibiotics. The tubes are not permanent and most fall out after 6 months to 2 years. This usually is enough time for 80-90% of children to outgrow the problem, but a small group of children may require a second set of tubes.

The tubes are placed during a surgical procedure that is usually performed under general anesthesia in the operating room. With the aid of a microscope to see the eardrum the doctor uses very delicate instruments to make an incision and insert the tube. If fluid is found it is drained by suction.



Once the tube falls out, the eardrum usually heals completely without significant scarring. However, in about 2-5% of cases, the hole in the eardrum does not close by itself. When this happens, the hole is so small that it is unlikely that there will be any significant hearing loss. We usually recommend waiting until your child is around 9 years old to repair this.

Hospital Stay

The operation is done “same day”. An overnight stay is not usually required. In fact, your child will usually be back to normal by the end of the day. If your child would find it comforting to take a favorite stuffed toy or blanket into the operating room, feel free to bring it along. (continued on the other side)

After the 20-minute procedure, one family member will be allowed in the recovery room. It is helpful to have some clear fluids such as juice or Pedialyte, or a bottle of breast milk for your child to drink when he wakes up. He will be in the recovery area from about 30 minutes and can then go home.

Dietary Instructions

Your child should have absolutely nothing to eat or drink after the instructed time-not even water. This makes the anesthesia much safer and prevents nausea and vomiting during or after the surgery. After going home, a light diet consisting of clear fluids is recommended at first and then advance to usual diet as your child tolerates. Avoid tomato based sauces until the next day.

Anesthesia

Children are usually given a gas anesthetic through a mask. The anesthesia provider will discuss this with you just prior to surgery.

What should I expect after surgery?

- It is normal to have drainage, which may be bloody, from the ears for the first few days.
 - There is relatively little discomfort after surgery, and it should respond well to either acetaminophen (Tylenol) or ibuprofen (Advil/Motrin). Your child may have been given Tylenol in the operating room, so wait 4 hours before giving more Tylenol.
 - You may be given a bottle of **ear drops** to use after surgery. If so, your doctor will tell you how to use them.
 - Save the bottle of drops. You may be asked to start using them if your child's ear starts draining in the future.
 - Call the office after surgery: for noisy or difficult breathing ,persistent vomiting ,dizziness, tugging at ears, persistent pain or fever over 101degreesF.
 - If the ear starts draining mucous,pus or blood please begin prescribed drops call office if no better in 7 days.
 - Although not all doctors agree on this point, experience has shown that is not necessary to keep all water out of the ears while the tubes are in place, as long as the water is clean. Getting dirty or soapy water into the ears can sometimes cause the ears to start draining. If swimming in a lake, ear protection should be utilized, but swimming in a pool rarely causes problems. If your child begins to have recurring draining, you may be asked to start using ear plugs to keep all water out of his ears.
- PLEASE FOLLOW YOUR SURGEONS INSTRUCTIONS REGARDING USE OF EARPLUGS.**

Preventative Antibiotics

After surgery use ear drops provided by the hospital at the time of surgery:

Ciprodex *Floxin*
(__ drops in each ear twice daily for __ days.)

Ear Drainage

If your child experiences ear drainage (green or yellow pus) start: prescription provided
Ciprodex 4 drops to draining ear two times daily for 7 days or

Floxin 5 drops to draining ear two times daily for 10 days

If drainage does not decrease by seven days of drops call our office to obtain oral antibiotics.

Ear Infection

If your child has signs of an ear infection (such as: pain, fever or illness) but **no drainage**, call your primary care physician for an appointment to assess the need for an oral antibiotic. The ear tube may be clogged and will not function. Ear drops will not work in this case. Please notify our office if tube/tubes are clogged. We will provide further instruction for treatment and to set up a follow up appointment for evaluation.

Please call our office at your first opportunity to set up an appointment in ____ week(s) with:
Dr. Hamaker Dr. Trigg Dr. Miyamoto Jenni Thomas, CPNP

If you have any questions, please call our office at (317) 338-6815