

BILATERAL MYRINGOTOMY TUBES (BMT) FAQ SHEET

In most children, middle ear fluid subsides within 6 to 8 weeks after treatment for ear infection (otitis media); in others the fluid remains in the middle ear and becomes a medium for bacteria growth, causing repeated infections and hampering hearing. Post check-ups by your child's doctor are vital to determine if there is any fluid accumulation in the middle ear after the infection is gone.

Bilateral Myringotomy Tubes (BMT), also known as PE pressure equalization tubes (PE tubes, or PET's) or tympanostomy tubes, is the most common surgery done in America.

Why do children get so many ear infections?

- The Eustachian tube, which connects the throat to the middle ear, is much shorter in children than in adults, causing fluids from head colds to drain more readily into the middle ear.

When is ear tube surgery called for?

- Hearing loss from middle ear fluid may affect speech, language, and learning during these crucial developmental years. After multiple infections, or prolonged fluid, doctors may recommend placing ventilating tubes in the eardrum, as they are the only reliable method of eliminating this fluid and hearing loss. The benefits of reduced infection and improved hearing are felt by the majority of doctors to outweigh the risks of surgery, and anesthesia, which are very low for this procedure.

Will ear tubes eliminate future ear infections?

- Unfortunately, not always. They do help reduce ear infections in most children to about 10% of what they would be without the tubes. Even more importantly when infections do occur the tubes allow for drainage of the fluid from the middle ear. The tubes also provide a conduit to allow antibiotic drops to get directly into the middle ear. This allows a much higher dose of antibiotics into the middle ear than would be possible with oral antibiotics, and without the systemic side effects.

Why does the procedure have to be done in a hospital or day surgery center?

- Though the insertion of ear tubes is common and safe, it does require general anesthesia so your child will not move during the procedure. In adults it is usually done in the office with only a local anesthesia. Because a child will not hold still it requires general anesthesia. An operative room setting is needed with general anesthesia as there is a very low danger that a child may vomit food or liquid that could be inhaled into the lungs. To help prevent this, your child's stomach must be empty before surgery. There is usually no eating or drinking after midnight the night before. This, of course, means no breakfast.

What can I do to help prepare my child?

- Studies show that preparation reduces the stress felt by children. Take your hospital tour, if offered. Give honest simple answers to your child's questions. Admit you do not know what you do not know, then find out. Be prepared to repeat answers to questions as often as they are asked. Be reassuring. Tell a child that doctors and nurses are there to help. Just because you know, that does not mean a small child does. If your child cries or expresses fears, let him or her know it is okay. Do not deny feelings. By allowing feelings to be displayed you are showing your child that you can be trusted to give continuing support.

Will tubes be placed in one or both ears?

- Your ENT (ears-nose-throat) doctor is the specialist and will make that decision. Initially, over 95% of all children receive tubes in both ears.

Will the tubes need to be removed?

- The ear tube, placed in the micro incision left after the physician aspirates any fluid, remains fixed in the eardrum. The tube is shaped like a sewing machine bobbin, and stays in place the way a button stays in place in a buttonhole. Most of the time the tube falls out on its own in 6-12 months, and scarring of the eardrum is seldom a problem. When the tube falls out the tiny hole heals itself 95% of the time. If the hole persists a patch may need to be placed.

Can I stay with my child during surgery?

- Probably not. Your child will be asleep during the procedure. The critical times are before the anesthesia is administered and just after your child awakens. The medication given during the procedure will help your child not to remember much of the procedure.

How long will the anesthesia last?

- After the child is asleep, the surgical procedure usually takes only 5 to 10 minutes. Oxygen is sometimes given after the surgery to hasten the child's arousal, which may take no more than an additional 10 minutes. Your child will probably not be asleep for more than a half hour altogether. While the procedure itself usually only takes 5 minutes do not expect to see your child for 45 minutes to an hour to account for the entire going to sleep and waking up process.

How long will our hospital stay be?

- When your child is fully awake, usually within an hour, you will be allowed to go home. Sometimes a doctor requires that a child drink something and use the bathroom before leaving.

What kind of a response can I expect when my child wakes up?

- Occasionally a child will wake up crying and upset, but that is not the norm. The effects from the anesthesia may range from none at all to nausea and dizziness. This can even last a few days. A delayed case of nausea may be triggered by the ride home in your car, so come prepared.

Are there any post-operative situations I should know about?

- Sometimes you will be prescribed eardrops to be used for a few days after surgery to deal with any remaining middle ear infection. It is common to have some ear drainage 24 to 72 hours after surgery. This drainage may be bloody, clear, or pus-like. If you have any suspicion that recovery is not progressing as it should, or your child develops a fever, call your doctor. A low grade fever under 101°F is normal for a day or two after any surgery. Please contact my office, or have the hospital switchboard page me at: 580-332-2323, if your child has any of the following:
 - Fever over 101°F
 - Heavy bleeding from the ears
 - Severe ear pain
 - Excessive or foul smelling drainage from the ears

Is the procedure painful?

- No, the surgery is done in adults awake in the office. Some minor ear or throat pain is not unusual the day of surgery, and is easily taken care of with over the counter Tylenol.

Are there any activities my child should avoid?

- Your child can participate in all normal activities, but you should attempt to keep water out of their ears. No fluids, non-prescribed medications or objects (such as Q-Tips) should enter the ear canal. You can protect the ear canal with a Vaseline-covered piece of cotton, use the

moldable Mack's earplugs or Doc's ProPlugs ear plugs, or get custom-made molded ones. Avoid ordinary earplugs; their design may damage the eardrum when the PE tubes are in place. (Also, do not try to use Silly Putty, please.) A swimming cap or a more fashionable tennis headband can also be used to help hold the earplugs in place.

- Please do not knock yourself out trying to keep water out of their ears. New studies have shown that getting clean water into the ears with PE tubes does not usually cause problems. This does not apply to dirty water, such as pond, lake, river, or even bath water. But clean water such as shower and pool water has not shown to greatly increase risk of infection or other problems. So do not worry if some water gets in their ears, or your child refuses to wear ear protection. The earplugs are just to be on the safe side. If your child does get dirty water in their ear a few days of the antibiotic eardrops given at the time of surgery will help to prevent an infection.

Do we need to return to have the tubes removed?

- A check-up with your ENT doctor is routinely scheduled about a month after surgery and every 3-4 months after that until the tubes fall out. The tubes usually shed themselves and pop out between 6 and 18 months as the ear heals. Because of their small size, however, parents do not usually notice when they do fall out. They may be in the external part of the ear canal for some time. Check-ups with your ENT doctor will monitor for this.
- For most children, ear tube surgery is a one-time occurrence, though there are others who may need the tubes replaced over the years. Most children outgrow this problem by the time they are in their school-age years.

As a Christian I strongly believe in prayer, and pray for all of my patients, especially during surgery. If you would like me to pray with you and your family before any surgical procedure please ask. DO NOT hesitate to contact our office for any emergency at 580-421-6470. If a problem should arise when the office is closed, you may contact us through Valley View hospital at (580) 332-2323; or go directly to the nearest Emergency Room.

More information can be found at www.LandrumENT.com.

