



Myringotomy/PE/Tympanostomy Tubes Pediatric Frequently Asked Questions

Bilateral myringotomy tube (BMT) placement, also known as tympanostomy tubes or pressure equalization tubes (PE tubes, or PETs), is the **most common surgery** done in America.

What causes ear infections?

In most children, middle ear fluid subsides within six to eight weeks after treatment for an ear infection (otitis media); in others, the fluid remains in the middle ear and becomes a medium for bacterial 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.

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. This causes fluid from head colds to drain more readily into the middle ear.

Why have ear tubes placed?

Hearing loss from middle ear fluid may affect speech, language, and learning during the 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 fluid accumulation and hearing loss. The benefits of reduced infection and improved hearing are felt by the majority of doctors to outweigh the very low risks of surgery and anesthesia.

Will ear tubes prevent ALL ear infections?

Unfortunately, not always. Placing ear tubes will 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 pathway 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.

Will the tubes need to be removed?

Most of the time, the tubes fall out on their own in six months to a year. Because of their small size, however, parents do not usually notice when they do fall out. In some cases, the tubes will not fall out and will need to be removed if they are still in place after two years. This will be done in the operating room, much like when the tubes were placed.

Will there be a permanent hole in the eardrum?

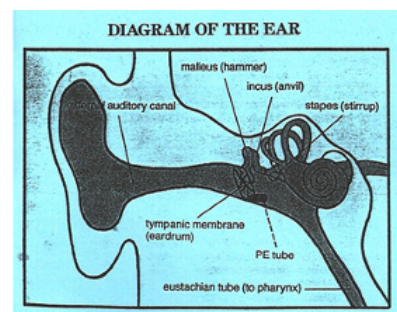
When the tube falls out, the tiny hole heals itself 95% of the time. If the hole persists, a patch may need to be placed. For most children, ear tube surgery is a one-time occurrence. There is, however, a small percentage of children who may need repeat surgeries over the years to replace the tubes. Most children outgrow this problem by the time they are in their school-age years.

Why does the procedure need 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 local 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.

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 to not remember much of the surgery.



How long does the surgery take?

After the child is asleep, the surgical procedure usually takes five to ten minutes. Your child will be able to go home the day of surgery following a recovery and observation period. You should allow at least a few hours to account for the preoperative, surgical and recovery periods.

What kind of 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.

What can I expect after ear tube placement?

You will be prescribed ear drops to use after surgery. You will need to start the ear drops the evening of surgery.

It is common to have some ear drainage 24 to 72 hours after surgery. This drainage may be bloody, clear or pus-like.

Ear tube placement is generally painless; however, some minor ear or throat pain is not unusual on the day of surgery. This is easily remedied with over the counter Tylenol or Motrin.

What does my child need to AVOID after ear tube placement surgery?

Your child can participate in all normal activities, but you should attempt to keep dirty 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 earplugs, 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 bathwater. But clean water, such as shower and pool water, has not shown to greatly increase the risk of infection or other problems. So, do not worry if some clean water gets in their ears. The earplugs are just to be on the safe side. If your child does get dirty water in their ear, simply use the antibiotic eardrops, given at the time of surgery, for a few days to help prevent an infection.

When do I need to follow up after ear tube placement?

A check-up with your ENT provider is routinely scheduled about a month after surgery and every three to four months after that until the tubes fall out. The tubes usually shed themselves and pop out between six months to a year as the ear heals.

What are some things I need to look for after ear tube placement surgery?

Contact my office or go to the emergency room if your child has:

- Fever over 101°F
- Heavy bleeding from the ears
- Severe ear pain
- Excessive or foul-smelling drainage from the ears

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 have us paged through the Mercy Hospital, ADA Operator at **580-332-2323**; or go directly to the nearest Emergency Room.

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