
MYRINGOTOMY AND TYMPANOSTOMY TUBE PLACEMENT

General information: Myringotomy and tympanostomy tube placement is carried out for recurrent otitis media, eustachian tube dysfunction, or chronic serous otitis media with effusion (fluid behind the eardrums). The goal of the procedure is to aerate the middle ear space and thereby prevent accumulation of fluid or retraction of the eardrum.

Procedure: The procedure is relatively straightforward. Children are usually placed under general mask anesthesia for approximately 15 minutes. Under magnification, provided by a microscope, an incision in the eardrum is made. Any fluid behind the eardrum is aspirated. A tube is then placed in the eardrum. This is generally done in both ears.

Preoperative instruction: The procedure will likely be carried out early in the morning for children. Arrive at least 1 hour before the scheduled time of surgery. It is important not to have anything to eat or drink after midnight the night before the procedure. Otherwise, the procedure will be cancelled because there is risk of anesthesia complications. Avoid intake of any pain medications other than Tylenol within 14 days of surgery (most can thin the blood and predispose to bleeding).

The day of the Procedure: You will bring your child to the registration area. After completing some paperwork, your child will then be admitted to the pre operative area. The child's clothing will be changed. An antianxiety medication is sometimes administered. You will meet with the anesthesiologist as well as Dr. Said again prior to proceeding with surgery. Your child will then be brought to the operating room by the nursing staff. Parents are not allowed to enter the operating room suite. Generally children tolerate this separation surprisingly well. The procedure will last approximately 30 minutes from start to finish. During that time you will be asked to wait in the waiting area. At the completion of the procedure, Dr. Said will meet with you in the waiting area. You will be allowed to rejoin your child approximately 10-20 minutes later. After another hour of monitoring to be certain that the child is doing well, you will then be able to go home.

Postoperative Course: If antibiotic eardrops are required, Dr. Said will give you instructions for these postoperatively. There may be a low-grade fever for the first 48 hours postoperatively. This can be treated with regular Tylenol. Generally, no oral antibiotics are administered postoperatively. Water should be kept out of the ear canals. During a bath, a cotton ball coated with Vaseline in the ear canal is sufficient as a water barrier. If the child will be going swimming then earplugs should be either purchased from a drug store or ear molds can be custom fashioned at an audiologist's office. There may be a few drops of blood noted from the ear canal in the first 24 to 48 hours. Furthermore, there also may be a small amount of drainage. If drainage seems excessive or the child has persistent fever or complains of persistent pain beyond 48 hours, then please call in the office. If everything is well, then Dr. Said will see you in follow-up approximately 3 weeks postoperatively. Subsequently, the ears will be reexamined every 4 months while the tubes are in.

The tympanostomy tubes generally stay in place from 6 to 12 months before being spontaneously extruded. The eardrums then usually heal completely (90% of the time). In a small number, one of two things could happen: First, the tubes do not extrude and a second procedure is required to remove them. Second, the tubes extrude, and a persistent perforation (hole in the ear drum) remains. This would also require a second procedure to repair the drum.

If you have any questions that have not been addressed, please call.