

MYRINGOTOMY WITH BILATERAL VENTILATION TUBES ADENOIDECTOMY

Introduction

A myringotomy is the opening of the eardrum in an effort to remove fluid or infection from the middle ear. Frequently, a small plastic tube is inserted through the eardrum in order to keep the middle ear aerated for a prolonged period. This tube does not impair the hearing, nor can it be felt by the patient.

Adenoids are lymphoid tissue behind the nose. Studies suggest that the adenoid tissue is where the bacteria come from that causes middle ear infections. Multiple studies have shown that removal of the adenoids have reduced the chances of recurring middle ear infections once the tubes come out. If the adenoids are removed it requires about 20 more minutes of anesthesia time. We rarely remove the adenoids in children under 18 months of age.

Following the Surgery

1. The child may have liquids and soft foods after he/she has fully recovered from the anesthesia.
2. Pain in the ear may be present; Tylenol may be given to relieve it. The child may be sluggish the afternoon of the surgery, this is normal
3. The day following the procedure, activity should return to normal, including returning to babysitter or school. If the child has his/her adenoids removed at the same time as placement of the tubes, it could be one to three days before returning to school or babysitter.
4. The patient should be seen in the doctor's office in 7-14 days after the surgery. Usually the return appointment is made before leaving the hospital. If you are not sure, call the doctor's office to set up a follow-up appointment.
5. Drainage from the ear is common, but if it becomes yellow or off-white and crusts on your child's earlobe and has a foul odor, it may be a sign of infection. Call the doctor's office and speak with your doctor's nurse, the doctor may prescribe antibiotics by mouth and/or ear drops, or may have you bring the child into the office to be seen. Thin, clear or slightly colored drainage, with no noticeable pain and no fever is usually normal. If you are in doubt, call the office
6. Low-grade fever of 101.5 is not unusual for the first 2-3 days; use Tylenol to relieve it.
7. It is normal to have a stuffy, congested nose and bad breath 2 weeks after surgery if the adenoids were removed, and this will go away as the area heals.
8. Bleeding or drainage from the ears for the first 36 hours is not unusual and almost always stops. Do not be overly concerned. You may clean the outer ear area only with a wet washcloth, wrung out well, using your finger and cloth to clean. Do not use Q-tips.
9. Bleeding from the adenoid area, from the nose or throat is not normal and you should call your doctor as soon as possible. It is important to remain calm, it is a correctable problem.
10. It is important to keep water out of the ears once the tubes are in place, water can cause infection. Use the earplugs you were given whenever you bathe or shower the child. Cotton mixed with Vaseline can be used in place of the plugs to help keep water out of the ears.

Information About Ventilation Tubes

1. Tubes stay in the ear from six (6) to twelve (12) months on the average before falling out and the eardrum will spontaneously heal over. It is important to have the tubes checked by your doctor or the primary physician every four (4) to six (6) months to see if they are in place and how the middle ear is functioning.
2. Eight percent (8%) of all children with tubes will continue to have persistent infections despite tubes. Ninety-two percent (92%) of the children do much better after the tubes are put in.
3. One percent (1%) of all children with tubes will continue to have persistent ear drainage coming from the tubes and will need to have the tubes removed.
4. Two percent (2%) of all children with tubes will be left with a permanent hole in the eardrum when the tubes fall out. The hole may need surgical correction in the future. If we ignore the recurring infection and do not place tubes, the eardrum could have spontaneous rupture, causing a larger hole and more serious middle ear complications.
5. Twenty percent (20%) of all children who have tubes will have recurring middle ear problems once the tubes have come out and may need a second set of tubes.

If you have questions or are not sure what to do: call one of your doctor's offices. We would be glad to answer your questions.

Sincerely,

Dr. Graham, Dr. Vora, Dr. Lee, Dr. Wiebel