

---

## MYRINGOTOMY WITH TUBE PLACEMENT

---

### DEFINITION

Myringo = tympanic  
membrane -tomy = a  
cutting operation

This procedure involves making a small hole in the eardrum to remove fluid. A small tube is then inserted in the hole to maintain ventilation. This procedure is often required in childhood due to an immaturity of the eustachian tube that connects the ear to the back of the nose, enlargement of the tonsils and/or adenoids and allergies. Being in an environment with increased risk of exposure to colds, viruses, and secondhand smoke also contributes to these problems. A child that lies on their back while drinking a bottle is also at increased risk for ear infections. In rare cases, immune system problems can also be a cause.

### **Purpose of Procedure**

There are several reasons why this is done: recurrent ear infections, fluid that persists longer than 3 months, hearing loss due to retraction of the eardrum.

### **Preparation**

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Depending on the age of the patient, your physician may suggest doing this procedure with a local anesthetic.

### **Procedure**

This procedure involves removing ear wax from the canal if necessary. A small opening in the eardrum is then made with the use of a microscope for better visualization. Through the opening, fluid is removed with suction. A culture of the fluid may be taken to help

determine the best antibiotic treatment, if necessary. A tube is placed through the opening to provide ventilation and improve hearing.

### **Post Procedure**

Following the procedure, water exposure will be discussed by your physician. Antibiotic ear drops may

be prescribed. Ear drops for pains should be avoided. A follow-up appointment will be arranged at the discretion of your physician. Tylenol® may be used for discomfort.

### **Expectations of Outcome**

This procedure should allow ventilation of the middle ear as long as the tube is in place. The length of time varies between patients and with various types of tubes used. Ideally the ear would remain dry, but drainage may occur instead of building up behind the eardrum. Treatment of the drainage is easier with tubes in place and ear infections are less painful.

### **Alternative Therapy**

Observation and antibiotic treatment

### **Possible Complications of the Procedure**

Myringotomy with tube placement is a safe procedure, however, there may be uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- **Anesthesia complications:** There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Other complications: minor bleeding, persistent drainage, and a hole that does not heal.
- There is a small risk of a growth of skin behind the eardrum.
- These complications can occur with higher frequency if the operation is not done.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have

previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).