

Post-Operative “Ear Tubes” Surgery Packet

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In an effort to remove fluid or infected fluid from the middle ear, a small incision (myringotomy) is made in the eardrum. Usually a small plastic tube is inserted through this incision in order to allow air to get into the middle ear for a prolonged period. This tube allows for the continued drainage and ventilation of middle ear fluid. The tube cannot be felt by the patient and does not impair hearing. The tube usually remains in place for months to years and most fall out on their own. Assume that the tube is in place unless you have been told otherwise by our office or your pediatrician.

Day Of the Procedure (after surgery)

1. Liquid or soft foods may be taken after your child has fully awakened from the anesthetic. Return to a regular diet as tolerated.
2. Pain in the ear may be present and is readily relieved by Tylenol or Ibuprofen (Advil, Motrin).
3. Cotton may have been inserted in the ear canal at the time of surgery to absorb drainage. This drainage may be blood-tinged or mucoid and may last for 2-3 days. The cotton should be changed as often as necessary while the drainage is present.
4. Eardrops of an antibiotic solution were used during the surgery. You should receive a prescription for antibiotic eardrops with instructions for use. Generally following surgery you should administer to both ears 3 drops, 3 times a day, for three days. Keep the remainder of the prescription for possible future use. Most eardrops have a long shelf life.
5. No daycare, school, or travel on the day of the procedure.

Day After The Procedure

Activity should return to normal. Your child may travel or return to daycare or school.

General Instructions:

1. Earplugs are not required for baths or showers but we do not recommend submerging your ears in dirty bath water.
2. Swimming in chlorinated pools does not require special ear protection when the patient is surface swimming or participating in swim lessons. Older children (over 5 years) or children who are swimming routinely underwater (more than 3 feet) should wear ear protection. Never swallow underwater or dive into water with ear tubes. Several types of earplugs are available – none are entirely waterproof.

Custom molded earplugs are available through our office and require a scheduled visit with our audiologist. Please call our office to schedule an appointment.

3. We do not recommend swimming in lakes or rivers with ear tubes as bacteria, fungi, and little critters are more common in these bodies of water.
4. Ear drainage may occur immediately after the procedure or at any time while the tubes are in place. If the ear drainage is runny, white, yellow green, bloody or foul smelling, please call the office for treatment instructions. Antibiotic or ear cleansing drops may be prescribed. Please see “Otorrhea” instructions.
5. Ear popping, cracking, or pain with belching (burping), yawning and/or chewing are common following the insertion of the ear tubes. This will disappear as the ear returns to normal.
6. **DO NOT INSERT ANY OBJECTS INTO THE EAR CANAL** except earplugs if required.
7. Do not place any drops in the ears unless approved by our office. Some preparations are more harmful than helpful.
8. Hearing may be substantially improved after the procedure. Certain sounds and noises may be louder to your child. There may be a period of time when your child adjusts to the new hearing.

Post Operative Appointment

Please call the office to schedule your child’s post-operative appointment for 4 weeks after the surgery. At this visit, the position of the tubes will be determined and your child’s hearing may be evaluated.

??QUESTIONS??

Should you have any questions, please call (904) 398-5437 between 8:00 AM and 5:00 PM, Monday through Thursday and 8:00 AM – 4:00 PM on Friday. On the weekends and evenings, call the ENT provider on call at (904) 398-5437.

These are general recommendations and representations, and may not be appropriate for every individual, patient, or situation. For any questions please consult with your physician. If you have any questions, concerns, or problems, please don’t hesitate to call our office at (904) 398 –KIDS (5437).

General Ear Care Instructions

We care for a variety of common ear disorders in our office and have put together a series of patient care instructions to assist you. If you have any questions, please call before you proceed with any of these instructions.

Ventilation Tube Care

- Assume the tubes are in the appropriate position in your child's eardrum, unless you have been advised otherwise by a physician.
- Tubes create a temporary hole in the eardrum and allow medications or water to enter the middle ear space, they are a "two way street". No drops or ear solutions are required if you do not see active drainage such as pus or mucous from the ear canal.
- Do not place any solutions or medications in the ear without calling a physician.
- For additional instructions about your child's tubes please see "Post Op Ear Tubes".

Water Precautions

- If your child has a tube in the eardrum, you should prevent water from intruding into the middle ear. Surface swimming in a chlorinated pool and bathing is allowed without earplugs but the child should not submerge his/her ears in the bathwater. Swim lessons are encouraged for water safety. Underwater swimming (more than 3 feet) is not encouraged and head first jumping and diving into the water is prohibited. Older children (over age 5 years) or children who are swimming routinely underwater (more than 3-5 feet) should wear ear protection. For children with ear tubes, swimming in lakes, rivers, or the ocean without earplugs is not recommended.
- Several types of plugs are available. Some are sold over the counter and others are custom molded - none are completely waterproof.
- Earplugs can be custom made to fit the ear canal, so they are more comfortable and provide a better fit. Younger children do not need to wear earplugs. You may call the office to schedule an appointment for custom molded earplugs.
- Once the tubes are out of your child's ears and the eardrum has healed (no perforation) plugs are not necessary. In fact, plugs may cause irritation and pack wax or debris down into the ear canal. Consult your physician for proper care of your child's ear.
- To best dry the ear, towel dry the ear or use a dry Q-tip as a wick around the outside of the ear canal to dry the ear. Do not insert Q-tip applicators or other objects down the ear canals. Only go after what you can see.
- A handheld hairdryer on a warm setting can help dry the ear canal. Hold the dryer 6 inches from the ear canal and pass it back and forth for 1-2 minutes.

Ear Canal Cleaning

- If there is drainage, you may be instructed to clean the ear canal and use drops. This requires Q-tip applicators, a cleaning solution and/or prescription eardrops. Only the ear with discharge needs to be cleaned.

- It may take several moist Q-tips to wick the thick material from the ear canal. Only introduce the Q-tip to the depth of the cotton head or bulb. Do not force/push the applicator beyond what you can see. This should not cause any pain. Use the Q-tip to wick the thick material from the ear canal, twirl the Q-tip on the way out to help clean the ear canal. You can then use several dry applicators to clean the loose material. The ear canal is now ready to place antibiotic drops in if you have been directed to do so.
- Some wax looks like ear drainage. Call a physician if you are not sure.

Ear Drop Application

- A multitude of drops, solutions and medications are used in the ear canal. These may be used to treat infections and drainage through the ear tube (otorrhea), swimmer's ear (otitis externa) or wax (cerumen impaction). Use only those medications directed by your physician for only the time period prescribed. Overuse of drops can lead to worsening of your child's condition. If you have questions please call your physician.
- With your child's head held over in your lap so the ear is pointing up, drop the solution down the ear canal. They should disappear down the hole. Gravity is your friend. Use your finger to gently massage the front of the ear (tragus) to "pump" the drops down the ear canal. Place a piece of a cotton ball in the ear. This will help to prevent overflow down your child's neck or onto your clothes.
- Administering room temperature or cold eardrops may cause discomfort. Warm the eardrops to body temperature before administration. You can warm the drops by either rolling the bottle in your hands or holding the bottle under warm water.

Earwax Control

- Earwax is protective to your ear. Overproduction of wax and plugging of the ear canal can lead to pain and hearing loss. Simple Q-tip applicator cleaning around the edge of the ear canal can loosen excess wax. DO NOT insert the applicator down the ear canal to remove wax. This will push wax farther down the ear canal and worsen your child's condition.
- Over-the-counter earwax removal systems should not be used. These are harsh chemicals and may cause irritation to the skin of the ear canal. Baby oil, Vitamin E oil, or prescription products such as Dermotic Oil can soften or loosen some impacted wax in the ear canal. Two to three drops can be applied into each ear canal once or twice a month to help moisturize the skin. Use this as well as other medications only under the advice of a physician.

Ear Drainage (Otorrhea) Instructions

Ear infections continue to occur with increasing frequency despite our best efforts with options such as antibiotics, immunizations, and ear tubes. Ear infections can occur with a tube in place; this is called otorrhea. These incidents usually coincide with episodes of

acute upper respiratory infection or nasal congestion. A patient with an ear tube should have infrequent ear drainage/infections, with an average of once or twice every 1-2 years. Unfortunately, otorrhea is occurring more often due to new problems with bacteria that are resistant to antibiotics (“superbugs”) and limited choices of oral antibiotics that are approved for use in children. If ear drainage occurs some suggestions and possible alternatives to care are listed below.

- Eardrops are used for a variety of reasons (cleaning, wax control, treat infection, etc.). Do not use any drops in the ears unless approved by your physician.
- Antibiotic eardrops can treat ear discharge or an ear infection. Overuse of drops can lead to resistant bacteria, yeast, or worse infections and drainage. Usually a short 3-5 day course is sufficient to treat most drainage. Generally the dose is to apply 3 drops, 3 times a day, for three days to the draining ear. If both ears are draining, then apply drops to both ears. Be sure to clean the ear before using the antibiotic drops if there is a large amount of ear drainage. Sometimes there is too much ear drainage for the drops to get down to the tube. For further instruction on how to clean the ear canal please see the heading “Ear Canal Cleaning”.
- If the ear discharge is thick or persistent it may require suctioning in the physician’s office. Suctioning discharge from the ear may will help clear debris from the ear canal and open the tube. This is a noisy but not painful procedure done in the office. This will help to allow delivery of medications down the ear.
- If needed, a sample of the ear discharge can be sent to the laboratory for an ear culture. Results usually take 4-5 business days. Oral antibiotics and/or eardrops may be prescribed based on these tests.
- An oral antibiotic or visit to your primary doctor may or may not be required in addition to the drops depending on other symptoms that may be occurring.
- Ear discharge usually appears as yellow or bloody mucous, possibly with an odor. There may be some pain or redness of the ear canal.
- The ear canal can be cleaned using the instructions found under the heading “Ear Canal Cleaning”.
- Occasionally, eye drops are used in the ears. DO NOT put any drops in your child’s ear unless instructed to do so by a physician.
- If you have any questions about how to care for about how to care for your child’s draining ear please call the office at (904) 398-5437. Updated 2/10

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