Myringotomony and Tube Placement

“So…my child needs tubes. What now?”

*Otitis media* is a medical term for several types of ear problems. Quite possibly, you’ve been making several visits to the doctor and have been through a variety of antibiotics without long term success. This can be a frustrating cycle. Your child’s ENT specialist has evaluated these infections and treatments and has discussed the possibility of “ventilating” tubes in your child’s ear. This procedure is done under a general anesthetic on an outpatient basis.

“How do these tubes work?”

The purpose of having a myringotomy with tube placement (that is the medical term for making an incision into the eardrum and placing the tubes) is to regain normal middle ear and Eustachian tube function. By placing these tubes in the middle ear space, fluid is able to be removed and restores the ear to its own healthy state. For your child, this translates into improved hearing, fewer infections, and a happier, healthier child.

“What will my child experience immediately following the surgery?”

In addition to the routine surgical care mentioned in the booklet, your child may or may not experience the following:

- **Discomfort:** This is usually minimal. Your nurse will go over options for medication to help with pain.
- **Nausea:** Most children do not have a problem with nausea since they are under anesthesia for such a short period of time.
- **Bleeding/Drainage:** You may see a small amount of pink-tinged drainage on the cotton ball, and this is normal.
- **Fussiness:** Some children, especially infants, return to their room fussy and difficult to console. This fussiness is usually due to the “funny feeling” coming out of anesthesia rather than pain from the tubes.

The procedure of putting the tubes (about the size of a pin) into the eardrum usually lasts less than 40 minutes for both the surgery and recovery time. After returning to the room, the child generally stays in the hospital less than an hour, or until drinking and retaining fluids. Parents are welcomed and encouraged to be a part of their child’s care during this time. Your child will be encouraged to drink fluids the first 24 hours and may have a regular diet as desired. You will receive a copy of written discharge instructions that will go over home care to reference once you are home. A follow-up appointment will be made prior to discharge as well.

“Is there any special care once the tubes are in place?”

An important aspect of maintaining healthy ears is to keep follow-up appointments. By regularly having your child’s ears checked, your physician can determine whether or not the tubes are functioning properly and are in their proper place. You can generally expect the tubes to remain in place for 6 to 18 months. They will usually fall out by themselves.

“Anything else I should watch for?”

Although the tubes significantly decrease infections, it is still important to continue to be alert for the possibility of infections. First signs of infection include yellow or green drainage from the infected ear. Should you notice this, please call to have your child’s ears checked.