



Patient & Family Guide
2019

Myringotomy Tubes

Valley Regional Hospital



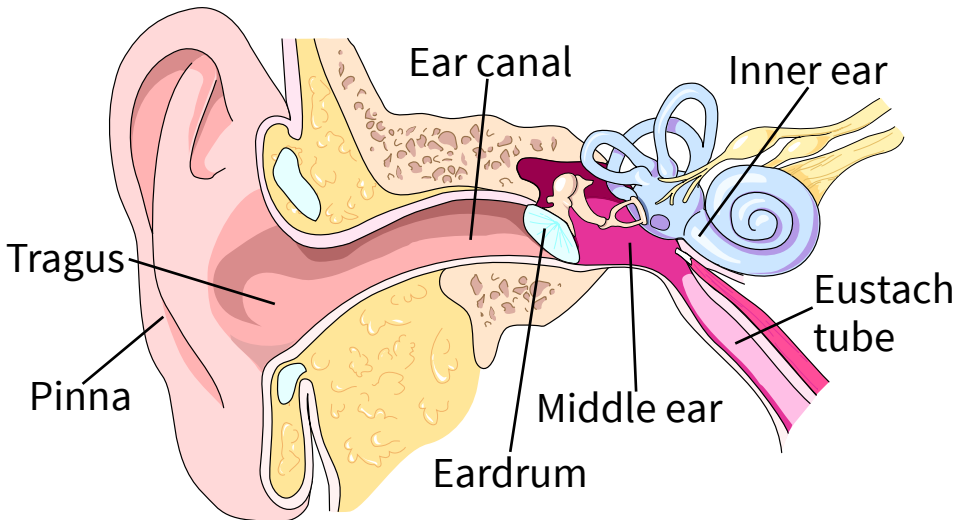
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Myringotomy Tubes

What is a myringotomy tube?

A myringotomy tube is a plastic tube that is put in the eardrum to let fluid or infection drain out of the middle ear (where ear infections happen), and to let air into the ear.

The tubes are very small, about 2 mm by 3 mm.



Why does my child need myringotomy tubes?

Children need myringotomy tubes most often because of frequent ear infections, or hearing loss from fluid that won't drain. The tubes can lower the number of ear infections, make them easier to treat, and help with the hearing if there is fluid behind the eardrum.

How are the tubes put in?

Your child will have a general anesthetic (they will be asleep for the procedure). The anesthetic is usually given through a facemask.

The ENT (ear, nose, and throat) surgeon will use a microscope to make a small hole in the eardrum and insert the tube. Shortly after your child wakes up in the Recovery Room, we will call you in to be with them. You will go with them back to Day Surgery and stay with them until they are ready to go home (in about 1-2 hours).

What should we expect after surgery?

After surgery, your child's ear **may** drain. We will tell you if eardrops are needed right away after surgery (see section on page 4 - Ear infections).

Pain

There is usually not much pain after the tube is put in. If your child is in pain, you may give them acetaminophen (Tylenol®). Ibuprofen (Motrin® or Advil®) also works well. Acetaminophen and ibuprofen can be given at the same time.

Activity and eating

It's OK for your child to do normal activities and eat as usual after surgery. Your child may have a bit of nausea (feeling sick to their stomach) due to the anesthetic, so they may not feel like eating solid foods right away.

How long do the tubes stay in?

Most tubes stay in the ear for about a year, but may fall out on their own any time between 6 months and 2 years. As the eardrum grows, it pushes the tube out into the ear canal. Usually, the tube stays in the ear canal for a few days or weeks, and later falls out on its own, often without being noticed. This is normal.

Sometimes a more permanent type of tube is used in children who need tubes for a longer time. These tubes usually do not fall out on their own. They will need to be removed either during surgery (with an anesthetic), or in the ENT office.

What are the possible side effects?

In some children, the fluid or infection behind the eardrum keeps leaking out of the ear. This is normal. Letting the fluid or infection out is the purpose of the tube, but in some children, this drainage can be messy. Ask your child's surgeon if you have questions.

There is a very small risk that the hole in the eardrum will not heal after the tubes fall out (see back cover - What will happen after the tubes fall out?).

Ear infections

Ear infections can still happen with the tubes in place. Instead of fever and pain, you will notice thick green or yellow fluid running or draining from the ear. Sometimes there is blood in the drainage. **Don't worry – the tube is letting the infection drain out.**

Using Ciprodex® drops

- Place 4 drops in the draining ear, 2 times a day for 3-5 days.
- If the drainage does not get better after 4 days, or if the drainage is happening very often, call the doctor's office and make an appointment.
- **Do not use Ciprodex® if there is no drainage** unless told to do so by the ENT clinic.
- You will need to gently rub the tragus (tab in front of the ear) to help the drops go down through the tube.
- If the drops cause any discomfort **and** there is no longer any drainage, stop using them because this usually means the infection is already gone.

Your child should not need oral (by mouth) antibiotics for ear infections while the tubes are in the ear.

Swimming and water in the ears

Getting water in the ears is not usually a problem for most children.

Water may pass through the tubes and cause pain and/or infection if your child's head is deeper than 2 feet under water, or if there is a lot of soap or oil in the water, such as in the bathtub.

This is more common in older children who dive into water or swim underwater a lot. These children, or any child who has ear pain while swimming or when around water, should wear earplugs or a swimming cap for these activities.

Flying in airplanes

Flying in an airplane will **not** cause any problems. In fact, having tubes keeps the ears from popping.

What will happen after the tubes fall out?

Sometimes an ear infection will happen soon after the tubes fall out. The infection often has the typical symptoms of hearing loss, pain, and/or fever. It should be treated with antibiotics by mouth, because the eardrum has already healed and eardrops will not work.

In a smaller number of patients, after the tubes fall out, the eardrum may not heal and a small hole is left. This is slightly more common with permanent tubes (up to a few patients out of 100). If the hole does not go away, it can be patched with surgery later on. This is usually done when the child is at an age when the ear infections have stopped.

Sometimes the tubes need to be put back in if ear infections come back after the tubes have fallen out.

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Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.