

**Frequently Asked Questions  
Myringotomy Tubes  
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**Contact Info**

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**WHAT ARE TUBES?**

Myringotomy tubes are small tubes placed into the eardrum to help ventilate the middle ear and prevent recurrent ear infections. They are the size of a pen tip and are typically made of silicone, flouroplastic or titanium.

**WHY ARE THEY NEEDED?**

Tubes are placed when a child has recurrent or chronic ear infections (otitis media). Up to 90% of children will get an ear infection in their first few years of life. Tubes are recommended when a child experiences:

- 1) Four or more ear infections within 6 months,
- 2) Seven or more infections within a year,
- 3) Three or more infections a year for 3 years,
- 4) Persistent ear fluid lasting 3 months or more,
- 5) Recurrent otitis with speech delay,
- 6) Cleft palate or other craniofacial anomalies and have persistent fluid.

## **CAN THE PROCEDURE BE PERFORMED IN THE OFFICE?**

No. Although it is a quick outpatient procedure, anesthesia is required.

## **IS IT SAFE?**

Yes. Tube placement is the 2<sup>nd</sup> most common surgical procedure performed (circumcision #1) worldwide. It requires only masked anesthesia. NO IV OR BREATHING TUBE is needed. I work with pediatric anesthesiologists who have extensive training/experience giving children anesthesia.

## **HOW DO YOU DO IT?**

The procedure is performed in the operating room with masked anesthesia under a microscope. A very small incision is made in the eardrum and the tube is placed.

## **HOW LONG DO THE TUBES STAY IN?**

Typically the tubes remain in the eardrum about 18 months. They may fall out earlier and sometimes they stay in place for 2-3 years. The eardrum usually sheds the tube. Occasionally the tubes need to be removed, but usually only if there is chronic drainage or if the tubes haven't fallen out after 3 years and the child has not had an infection in the prior 10-12 months.

## **DO YOU TAKE THEM OUT IN THE OFFICE?**

No. I remove them in the operating room. Tube removal can be painful and I patch the eardrum at the time of removal.

## **WHAT ARE THE RISKS?**

The biggest risk is that the tubes leave a hole in the eardrum when they fall out. This is very uncommon, occurring less than 1-2% of the time. If there is a residual hole (perforation) I will perform a patch procedure, which requires only masked anesthesia. This typically works 90% of the time. If that fails, a more formal eardrum repair (tympanoplasty) is performed.

Other risks include chronic ear drainage and cholesteatoma (an ingrowth of outer eardrum skin into the middle ear). Both of these are very infrequent complications, occurring in my practice less than 1% of the time.

The following are other risks that rarely occur:

- Failure to resolve the ear infections,
- Thickening of the eardrum over time, which affects hearing in a small percentage of patients, and usually is due to recurrent infections,
- Persistent perforation after the tube falls out of the eardrum,
- Need for further and more aggressive surgery such as tonsil, adenoid, sinus, or ear surgery,
- Hearing loss, usually due to a residual ear drum perforation,
- Scarring of the eardrum,
- Possible need to keep the ear dry and to use ear plugs, see below,
- Foreign body reaction to the tube itself - for example, an allergic reaction to the tube material (rare), causing chronic ear drainage.

## **WHAT IF MY CHILD HAS AN EAR INFECTION AT THE TIME OF SURGERY?**

No problem. I will drain any fluid that is behind the eardrum at the time of surgery.

## **WHAT IF MY CHILD IS SICK BEFORE THE PROCEDURE?**

Unless your child has a fever greater than 100.5 F or has a significant cold with a wet cough, the procedure usually can be performed. If your child has mild symptoms of illness, I usually recommend that you keep your surgery appointment, and be evaluated by the anesthesiologist on the day of surgery. Occasionally the surgery is cancelled at this time by the anesthesiologist, but this is infrequent. If there are any questions, call the office.

## **WHEN CAN MY CHILD GO BACK TO NORMAL ACTIVITY?**

Your child may be fussy the day of surgery, usually due to the anesthesia, but otherwise he/she can resume normal activities the day after surgery.

## **WHAT IS THE POST-OPERATIVE CARE?**

I will give you ear drops the day of surgery. You are to use the ear drops after surgery by placing 3 drops in both ears 3 times a day for 3 days. I also give you a prescription for more ear drops. I recommend you fill this prescription and put the extra drops in your medicine cabinet. The drops are good for a year.

## **CAN MY CHILD'S EARS GET WET?**

Yes, your child can get their ears wet in the bath but there are some restrictions. (see below)

## **DO THEY NEED EAR PLUGS?**

No, ear plugs are not needed unless the child is going to be swimming in dirty water (lakes, rivers, ponds or streams) or diving more than 4 feet underwater in the pool. Otherwise the pool, ocean and clean bath water are fine. If your child wants to play in the bath, let them play in clean water. Once you soap and clean your child, do not submerge the head in the soapy, dirty water.

## **WHAT DO I DO IF MY CHILD GETS AN EAR INFECTION?**

If your child has an ear infection, you will see drainage from the ear canal, usually looking like snot. If you see this, use the ear drops as prescribed for 1 week. Your child does NOT need oral antibiotics for ear drainage. The concentration delivered by the drops to the site of infection is 1000-fold greater than what you get with oral antibiotics.

If you are using the drops and there is still drainage after 5-6 days, call the office. This occurs rarely, but if so, I will prescribe oral antibiotics in addition to the drops.

If the drainage is thick and you cannot get the drops in, use a blue bulb syringe to suction out the drainage so you can get the drops in. Place the tip of the syringe just inside the ear canal and suck out the drainage. You can also use the syringe to gently irrigate the ear canal with salt water (1 teaspoon of iodized salt in 8 oz. of water).

## **WHEN DO I FOLLOW UP IN THE DOCTOR'S OFFICE?**

I would like to see your child back in the office 3 weeks after surgery and then at about a year after surgery to check the tubes.