



SUBURBAN
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• Diseases of the Ear, Nose & Throat

- Adults and Children
- Head and Neck Surgery
- Facial Cosmetic and Reconstructive Surgery

www.subENT.com

MYRINGOTOMY with VENTILATION (PRESSURE EQUALIZATION) TUBES

INFORMATION/POST-OPERATIVE INSTRUCTIONS and SURGICAL INFORMED CONSENT

Your child (or you) will be having the surgical procedure called *Bilateral Myringotomy with Tubes*. This is a microsurgical procedure where your surgeon will make a small incision through the tympanic membrane (eardrum), and then insert a very small tube into the eardrum (typically 0.8-1.14 millimeter inner diameter). The tube is made of inert materials, either titanium, silicone or Teflon plastic. Tubes are placed in the eardrums for several reasons; one or more may apply to your child (or you):

Recurrent ear infections

Chronic middle ear fluid

Conductive Hearing loss from chronic eustachian tube dysfunction

Incipient cholesteatoma, and possible other reasons

In essence, tubes act as a temporary artificial eustachian tube (the bone and cartilage tube in our heads that connect the throat to the middle ear). It is the dysfunction of the eustachian tube that has typically lead to the ear problems. Tubes usually last in the eardrum for 6-12 months.

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with your child's (or your) surgery. In addition, you must understand the alternatives to the surgery. The alternative is not to have the surgery performed, and continue with medical management of your child's (or your) problem. This would leave the ear/s in their current condition.

SURGICAL RISKS/COMPLICATIONS:

Eardrum perforation (hole) – There is a 3-5% chance that as the tube slowly comes out of the eardrum, the hole that the tube maintained wouldn't heal on its own. If this occurs, we typically recommend surgical repair of the hole at a later date, the timing of which depends on the age of the patient and other factors.

Infections – Typically tubes dramatically decrease the infection frequency, thereby allowing for fewer antibiotics. However, it is not uncommon for a patient to develop one or more infections even with the tubes. If the infections are frequent with tubes, this would suggest the eustachian tubes haven't yet matured enough. Infections with tubes will almost always be accompanied by ear discharge. This will require antibiotic ear drops and possibly an oral antibiotic. Please notify us if this occurs.

Persistent eustachian tube problems – Up to 5-10% of patients undergoing a first set of tubes, will need a second or more sets of tubes. The decision for each set of tubes is dependent on the circumstances at that time. If a second set of tubes (or more) is needed, other medical conditions are also typically investigated.

Retained tube – On occasion a tube will remain in the eardrum more than a year. That is OK. If a tube lasts 3 years however, we will probably suggest surgical removal. This is because the perforation rate increases after 3 years.

Plugged tube – On occasion one or both tubes clog up with mucus, pus or blood. If this occurs, the tube becomes essentially non-functional. Numerous types of drops will be tried to un-clog the tube, but if this is unsuccessful, we might recommend a return trip to the operating room for tube replacement. Fortunately, most often the drop regimen clears the tubes.

As with any type of surgery, the risks of anesthesia such as drug reaction, breathing difficulties and even death are possible. Please discuss these risks with your anesthesiologist. Fortunately, with such a brief procedure, anesthetic problems are exceedingly rare.

POST-OPERATIVE INSTRUCTIONS/CARE:

1. Ears may drain following the placement of ventilating tubes. A watery drainage or bloody discharge may continue for several days. Please use the prescribed drops for the ears, and if heavy drainage or bleeding continues, please notify us.
2. Baths and washing hair. If the patient has tubes, parents should try to prevent water from flowing directly into the ears. The patient should not submerge ears underwater without proper ear protection. The use of ear plugs is controversial. We continue to recommend using plugs. These can be custom made in our office (which we generally recommend), or purchased as a commercial product at your pharmacy or other stores. If only several drops of water reach the ear canal, there is usually no problem. If a large amount of water gets into the ears, the child should be observed for one to two days. If ear discharge occurs, we should be notified.
3. Swimming. If the patient has tubes, swimming in a chlorinated pool usually does not cause a problem if the custom ear plugs are used. The use of a swim cap or Ear-Band-It® is added protection but not mandatory.
4. Post-operative visit. If an appointment for the postoperative visit has not been scheduled, please call the office at the time of discharge and we will see the child approximately 1-2 weeks after surgery.
5. If surgery is scheduled for your child at either Northwest Surgicare or Day Surgery Center, there are pre-operative scheduled tours of those facilities. This may be educational and soothing for your child when the day of surgery arrives.
6. Your child (or you) may typically return to activity and diet as tolerated even on the day of surgery.

GENERAL INFORMATION

- A. Tubes usually cause no pain post-operatively.
- B. Excessive physical activity will not loosen or disturb the tube.
- C. The ears do not need to be covered in wind or cold weather.
- D. You may still clean the external portion of the ear canal with cotton tip applicators.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name PRINTED: _____

Parent/Guardian/POA or Patient signature: _____

Parent/Guardian/POA PRINTED name (if applies): _____

Parent/Guardian/POA relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____