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Your child has just had a tympanostomy (also called ventilating polyethylene) tubes inserted. As has already been explained to you, these tubes are inserted when one of three conditions has occurred:

1. 5-6 ear infections have been documented over a 12-month period.
2. Fluid has been present in both ears for over two months or in one ear for over four months.
3. Breakthrough infections while on maintenance antibiotics (rarely done).

The tubes are made of inert (non-reactive) materials, such as Teflon, fluoroplastic, titanium, gold, or other elements. Generally, the eardrum does not react to these tubes; a reaction would be evident by constant ear drainage after insertion.

The surgery is painless and there is no “recovery” period once you leave the surgical facility. Tylenol is not necessary. The only restriction that we impose is that you avoid exposing the tubes to water. Earplugs (Doc’s plugs) are helpful but it is left up to you to avoid having your child’s head submerged in water or drenched in the shower. If your child swims frequently, though, custom-made swim molds are suggested. Your child may swim using ear plugs and a head band. (provided in my office).

The antibiotic drops for the ears that we will give you are often “eyedrops”. This is not a mistake. You will use them for the ears. Depending on what is found at the time of surgery, you may be instructed to start the drops on the day of surgery or in the future as needed.

Occasionally, there will be bloody drainage from the tubes after surgery. This should not produce fear. The drops you have been instructed to use will dilute the blood and prevent clogging of the tubes.

Occasionally eardrops may cause burning (thus, prolonged crying) in the immediate postoperative period. Again, do not be alarmed. This simply means that the tubes are open. If the drops burn after placement in both ears, then discontinue use.

From this point until the tubes spontaneously fall out, as long as the tubes are open, your child cannot have an “ear infection” involving pain, fever, or poor appetite. Occasionally, when your child has a runny nose, the same thick material (which may be bloody or blood-tinged) running from the nose will run from the tubes (and, thus, the ears). Drainage is painless and will require eardrops (see below). You should not need to call us about the use of the drops, but you can if you choose to. Often the ear discharge (sometimes foul-smelling as a result of bacteria in the

outer ear mixing with it) will continue for as long as the nose is running. IF THE DRAINAGE, DESPITE THE EARDROPS, CONTINUES BEYOND 3 DAYS, PLEASE NOTIFY OUR OFFICE.

The tubes will fall out spontaneously in about one year (10-14 months) but they may last for 6 months to 5 years. The longer the tubes stay in the better. This is why we rarely surgically remove the tubes. If the tubes were placed for relief of pressure (after the fluid has been removed) then as soon as your child can “pop” the ears (pinch the nose, close the mouth and blow) as much as you do when you clear your ears on a descent in an airplane, we might simply pull the tubes from the eardrums in the office; the split second of pain is preferable to several minutes of general anesthesia. If the tube falls out and you or your pediatrician find it, save it. THERE IS A TUBE FAIRY.

Once the tube falls out, Eustachian tube trouble can still occur. Therefore, we continue to see your child annually until the age of 16 years.

Occasionally, at the time of tube extrusion, there occurs painless fresh bleeding from the ear. This is caused by raw tissue called granulation, or a granuloma. This is formed as a result of tube rejection by the eardrum. This is no cause for alarm. Simply use the eardrops again for 3 days. If there is a large volume of blood, and you become alarmed, call us.

Uncommonly, the hole which housed the tube will not heal and may need surgical correction, as we discussed.

You should acquire a pair of earplugs before you leave the office TODAY, as well as a prescription for ear drops.

## USE OF EAR DROPS

1. Turn the affected ear up toward the ceiling
2. Place the seven drops of prescribed solution into the ear canal.
3. Pump on the nipple (tragus) for 15 seconds  
**This is the single most important step**
4. Wait for 3 minutes with that same ear toward the ceiling
5. Now turn that same ear down toward the floor.  
Allow 3 minutes for drainage
6. Wipe off the spillage of drops with a dry cloth.
7. Repeat this procedure on the opposite ear, if necessary.
8. Go about your business. Do not use cotton in your ear.
9. Unless otherwise instructed, the eardrops are instilled  
As follows: 7 drops twice a day.