Upper Cape Ear, Nose & Throat, PC
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MYRINGOTOMY WITH PE TUBES

Purpose

Most middle ear problems are due to Eustachian tube problems. The Eustachian tube should equalize the pressure in the middle ear with that of the atmosphere. If the Eustachian tube is not working properly, the middle ear develops a vacuum. This vacuum can pull fluid into the middle ear from the bloodstream. This fluid can cause hearing loss. If bacteria get into the fluid, infections can result.

PE tubes (Pressure Equalization tubes) can be used to equalize the pressure in the middle ear. The tubes prevent fluid from re-accumulating and help prevent infections from recurring.

Procedure

For children the procedure is performed in a hospital or surgicenter. Your child will go to sleep briefly while the tubes are placed in the ears. For adults the procedure is usually performed under local anesthesia with an injection of Xylocaine or the application of a local anesthetic directly on the eardrum.

A small incision is made in the eardrum using a microscope for magnification. Any fluid behind the eardrum is suctioned out. A small tube is then placed in the eardrum. The tube has a flange that holds it in position. Eardrops are then placed in the ear canal to prevent infection and also to prevent a blood clot from blocking the tube. A cotton ball is placed in the ear canal.

Recovery

For children the recovery from the general anesthetic is brief. Your child will likely cry when he or she wakes up. Your child will stay in the recovery room for a short period to allow the anesthetic to wear off. Children are generally ready to go home by about two hours after the procedure. Adults who have their procedure under local anesthesia can usually leave immediately after the procedure.

There may be some pain in the ears but it is usually mild. Tylenol is usually sufficient to take care of the pain.

Antibiotic drops are typically used for three days after the procedure. The drops are used three drops two times a day.

There may be some drainage or clear or bloody fluid for a day or two, which is expected.

Risks and Complications

The most common complication is ear drainage. If the patient gets an upper respiratory infection, the ear may become infected. The drainage from the infection will come out of the ear canal. If this occurs it will be treated with antibiotic drops.

Occasionally, there is a sensation of decreased hearing. This is most often the result of a change in the quality of the sound that one hears. Tseting typically reveals that the hearing is normal. The sensation becomes less bothersome over time.

Most tubes stay in the ear for 6 to 12 months. The eardrum eventually heals behind the tube, pushing it out. Most patients are unaware that their tube has come out. Sometimes the tube can fall out earlier than expected. On rare occasions the tube may fall into the middle ear. The tubes are made of inert substances and can remain in the middle ear. If the tube causes a problem it can be removed.

When the tube comes out, the hole where the tube was usually closes over. The hole sometimes does not close, but this is very uncommon. If the hole does not close over it can be patched to get it to close.

Follow-up

Follow-up visits are usually scheduled for two weeks alter the procedure. The purpose of this visit is to check to make sure the tubes are in proper position and to make sure there is no sign of infection. If hearing problems were a concern before surgery, a hearing test may be performed during this visit to make sure the hearing problem has been corrected. The tubes should be checked about every three months after this.

I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.

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Patient's/Parent's Signature	Date	Witness