



John S. Supance, M.D., F.A.C.S. • Mark A. Wohlgenuth, M.D., F.A.C.S. • James K. Bredenkamp, M.D., F.A.C.S.
Michael K. Jakobsen, M.D., F.A.C.S. • Michael Cho, M.D., F.A.C.S. • Phillip R. Wells, M.D.
Dennis M. Crockett, M.D., F.A.C.S.

Diplomates, American Board of Otolaryngology

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

IN OFFICE MYRINGOTOMY WITH OR WITHOUT TYMPANOSTOMY TUBES SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended myringotomies with or without tympanostomy tubes for you. The following information is provided to help you prepare for your surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

A myringotomy is a surgically placed tiny incision in the eardrum. Any fluid, usually thickened secretions will be removed. In most situations, a small plastic tube (a tympanostomy tube) will be inserted into the eardrum to keep the middle ear aerated for a prolonged period of time. These ventilating tubes usually remain in place for 6 months to several years. Eventually they will move out of the eardrum (extrude) and fall into the ear canal. Your doctor may eventually remove the tube during a routine office visit or it may simply fall out of the ear unbeknownst.

The following instructions are designed to help you recover from your myringotomy and tympanostomy tube placement as easily as possible. Taking care of your self can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals vary in their tissue circulation and healing processes, as well as anesthetic reactions, ultimately there can be no guarantee made as to the results or potential complications.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

1. Failure to resolve either the ear infections, fullness, or popping.
2. Persistent perforation after the tube falls out of the eardrum.
3. Chronic ear drainage
4. Need for further and more aggressive surgery such as tonsil, adenoid, sinus, or ear surgery.

Page 1 – In Office Myringotomy

Initials _____

www.hnaoc.com

26726 Crown Valley Parkway, Suite 200 • Mission Viejo, CA 92691 • 949-364-4361 • Fax 949-364-4495

24411 Health Center Drive, Suite 370 • Laguna Hills, CA 92653 • 949-581-3888 • Fax 949-581-3883

675 Camino de los Mares, Suite 420 • San Clemente, CA 92673 • 949-496-2307 • Fax 949-496-8688

5. Infection.
6. Hearing loss.
7. Scarring of the eardrum.
8. Need to keep the ear dry and to use ear plugs.
9. Foreign body reaction to the tube itself, for example an allergy to the tube material (rare).

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient in the office. You should plan on the whole procedure taking at least 30 minutes. If you need to have a pre-operative hearing test done, this will take an additional 30 minutes. Although it is nice to have someone with you at the time of the procedure, it is not necessary. You may eat regularly prior to the procedure.

DURING SURGERY

The procedure is usually performed in the office. Your doctor will explain everything which will occur prior to starting. The eardrum is anesthetized with a topical anesthetic, and with the aid of a microscope, an incision is made in the eardrum. You may hear a pop at this time. You will hear a loud noise as any fluid found in the middle ear cavity is being suctioned. Finally, you will feel some pressure as the tube is inserted into the eardrum. Immediately after the surgery, you may feel fullness in the ear and notice some dizziness.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

An appointment for an ear checkup should be made 10 to 14 days after the procedure. At this visit the position and function of the tubes will be assessed. Call the office to schedule this appointment.

Water should not be allowed to enter the ear canal while the tubes are in place. Because there is now a passage into the middle ear to allow for ventilation, water can also pass into the middle ear space. If this occurs, ear drainage and infection may follow. We recommend that you try to utilize ear plugs whenever there is a chance of water contamination (swimming, bathing, washing hair). Bathing caps or "ear bandits" are also helpful. The office can help you with ear plugs.

Cortisporin ear drops (or its generic) may be prescribed to be used immediately after surgery for 3 days (3-4 drops each ear 3 times per day). If there is drainage from the ear after 3 days continue to use the drops until the day before your office visit. Discontinue these drops if they cause severe pain or a skin rash develops. Drops should be warmed by holding them in the hand for 5 minutes and inserting into the ear canal along the side. You can "pump" them into the ear by pushing on the soft cartilage tissue located in front of the ear canal (the tragus).

Ear drainage may occur immediately after the procedure or at any time while the tubes are in place. Yellow clear fluid or mucous may drain for several days to weeks after the surgery. It is not unusual to see a bloody discharge following surgery.

Cotton can be kept in the ear canal and should be changed as needed to keep dry. If after the immediate post operative period, profuse, foul-smelling discharge drains from the ear this indicates an infection. When this occurs, you should begin by using ear drops for 3 days. If the drainage continues beyond 3 days then you should call the office to determine if additional medicine and/or an office visit is necessary.

Tympanostomy tubes usually stay in place from 6 months to several years. It is important to have an ear checkup about every 6 months during this time period. An audiogram is usually obtained at some point after the ear has healed. The tubes will eventually fall out of the eardrum and into the ear canal. Some patients will note mild discomfort or bloody drainage at this time. The small hole in the eardrum at the old tube site usually heals within several weeks. Your doctor will instruct you to when it is safe to allow water in the ears.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1403. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery (five pages). I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, regarding my surgery and pre & post operative care. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)