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TYMPANOPLASTY WITH OR WITHOUT MASTOIDECTOMY SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended ear surgery for you or your child. The following information is provided to help you prepare for your child's 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 your child recover from their myringotomy and tympanostomy tube placement as easily as possible. Taking care of your child can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions. If your child is having an adenoidectomy and/or a tonsillectomy in conjunction with their ear surgery, please refer to the appropriate additional information as well.

RISKS AND COMPLICATIONS

Your child's 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 the ear infections.
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.
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 at either the hospital or the surgicenter. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor your child throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If he or she is unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance.

It is advised that you be honest and up front with your child as you explain their upcoming surgery. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. You can assure them that most children have minimal if any pain afterward. In fact, most children will feel better having had the pressure relieved in their ears.

Your child must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If your child is sick or has a fever the day before surgery, call the office. If your child wakes up sick the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery. However, if your child has chickenpox, do not bring your child to the office or to the surgical facility.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. Your child is to wear comfortable loose fitting clothes, (pajamas are ok). Leave all jewelry and valuables at home. They may bring a favorite toy, stuffed animal, or blanket.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a gas anesthetic. For older children, a mixture of gas and an intravenous medication may be utilized. During the procedure, your child will be continuously monitored including pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor, using an operating microscope, makes a tiny incision in the eardrum through the outer ear canal. There will be no external incisions. Fluid will be suctioned from the ear, and a tube inserted in the eardrum. Usually drops will be placed in the ear, and a cotton plug inserted in the ear canal. The whole procedure usually takes less than 15 minutes. Your doctor will come to the waiting room to talk with you once your child is safely to the recovery room.

AFTER SURGERY

After surgery, your child will be taken to the recovery room where a nurse will monitor your child. You will probably be invited into the recovery room as your child becomes aware of their surroundings and starts looking for you. Your child will be able to go home the same day as the surgery once they have fully recovered from the anesthetic. This usually takes less than one hour.

Your child may resume a normal diet after he or she has fully recovered from the anesthetic. Even though they may be hungry immediately after surgery, it is best to feed them slowly to prevent postoperative nausea and vomiting. Occasionally, children may vomit one or two times immediately after surgery, however if it persists, your doctor may prescribe medication to settle the stomach.

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 all children 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.

Usually two different types of ear drops will be given to you the day of surgery. Cortisporin ear drops (or its generic) are 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. You should substitute Vasocidin drops if any of these problems develop. Vasocidin drops are to be used in the ear if water accidentally enters the ear canal. This will help prevent water contamination related ear drainage. Vasocidin drops are actually an eye medication, but we prescribe them as a safe gentle medication for the ears. Both 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 children will note some 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)

Updated December 08.