



Ear Tube Placement

Ear tubes are placed primarily for two reasons: 1) recurrent infections and 2) persistent fluid in the ears. The tubes themselves are small grommets (like a button with a hole in the middle) which are slightly larger than 1mm (about 1/20th of an inch). This keeps a hole open in the ear drum which keeps the middle ear from being airtight and helps to ventilate the ear to prevent fluid and infections. Approximately 3/4ths of kids that have tubes never need another set of tubes and have no infections while they are in place.

Tubes generally last about a year. Most last between 6 and 18 months, though shorter and longer periods are common.

Tubes work two ways. The first is to **prevent** infections. This is what happens in the majority. However, if there are infections, tubes help to **treat** them. An infection with a tube in place should be less painful, muffle the hearing less, and pose less overall risk. In addition, antibiotic drops can be used to treat the infection. (Prior to tube placement, antibiotic drops would not be able to reach the middle ear to do any good.)

The biggest complaint about tubes is that when there is a cold, a minority (about 5%) will have ear drainage. This is like having three runny noses, instead of one, so it is a nuisance, but overall we are glad that any mucus in the ear can drain.

Risks. The risk for the short general anesthesia required for tube placement is minimal. I think it is fair to say that the risk of one ear infection is greater. There is however the remote chance of a severe, life-threatening reaction to any anesthetic. The anesthesiologist can discuss this further, and the anesthesiologists I work with are excellent. There is a risk of perforation remaining after the tubes come out. This is about 3% and we generally treat the perforation just like there is still a tube in place until age 7, or so, when the Eustachian tube is mature enough for a repair. While there is a risk of scarring to the eardrum, one of our goals in placing tubes is to reduce the risk of scarring from infection.

Day of Surgery. You will generally be asked to come into the surgery center or hospital to be checked in and meet the anesthesiologist early in the morning. Often, the exact time of surgery is arranged the day before, and in order of age, so that younger children can go less time without eating. The procedure goes quickly and your child should be back to normal, and without any pain within a couple of hours. He or she will be able to eat and drink normally as soon as awake. We prescribe drops for a couple of days (Two drops, twice a day, for two days) and as needed for any bloody or mucus drainage. You should have prescription for refills—usually faxed to your pharmacy.

After surgery, your child should be able to return to normal activity the next day. We like to check the ears for healing in 10 days to three weeks post op. Often we recheck them every 6 months.