

MYRINGOTOMY

REMEMBER, IT IS VERY IMPORTANT NOT TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. THIS INCLUDES COFFEE, JUICE AND WATER.

On the morning of surgery, please report to L&M or Pequot Surgical Center as scheduled.

1. Your child may have some discomfort or pull at their ears postoperatively. This is temporary and usually is not a sign of infection. If you think your child is in pain, it is O.K. to use Tylenol. Use the dosage recommended for your child's age or weight on the bottle.
2. Drainage from the ear is not unusual for the first 3 days. This drainage may appear blood-tinged, mucous-like, or clear
3. Tubes usually stay in for approximately six months. However, every child is different, and the tubes may come out very quickly or may last for a year or more.
4. We will schedule patient a follow-up visit about 1 week following insertion of tubes. At this time, the physician will check patients tubes.
5. Most ENT surgeons have found that patients do not need to be concerned about salt water or pool water getting in the ears. Bath water, lake and pond water may increase the risk of infection. If you are concerned, you may purchase ear plugs at our office or at a drug store.
6. Your child could still have ear infections even after the tubes are in. If there is an infection, there will usually be drainage. This drainage may look like mucous, blood, or yellow-green. Small amounts of sticky brown material is usually normal wax production.
7. A small number of children will have problems with the tubes. These are almost always minor in nature and include persistent infections, plugging of the tubes, tubes falling out early, and a persistent hole in the eardrum after tubes extrude.
8. There is a 20-30% incidence of need for repeat tube insertion. In selected cases, an adenoidectomy may also be recommended.

IF YOU HAVE ANY ADDITIONAL QUESTIONS OR PROBLEMS, PLEASE CALL THE OFFICE.