

## Myringotomy with PE

### (pressure equalization) tube insertion

Myringotomy with or without placement of ear tubes is the most common ear operation. Myringotomy is an incision in the eardrum about 1/16<sup>th</sup> to 1/8<sup>th</sup> inch long. Middle ear fluid and infected material can be suctioned through this opening. Ear tubes (tympanostomy tubes, ventilation tubes, pressure equalization tubes) are tiny cylinders, usually made of plastic or metal, that are surgically inserted into the eardrum. An ear tube creates an airway that ventilates the middle ear and prevents the accumulation of fluids behind the eardrum. Most ear tubes fall out within 6 to 12 months, and the holes typically heal shut on their own.



A small incision is made in the tympanic membrane



Tube inserted to drain fluid

 ADAM.

**\*\* 1-2 days prior to your surgery, you will be contacted by the Surgery center regarding arrival time.** \* You will also be contacted by the Registered Nurse a few days prior to your surgery regarding an antibiotic ear drop to be used **after** your procedure.

# **MYRINGOTOMY WITH OR WITHOUT TUBES (TYMPANOSTOMY, PRESSURE EQUALIZATION, VENTILATION)**

## **PRE-OPERATIVE INSTRUCTIONS**

### **DIET**

It is very important for the safety of surgery, to have an empty stomach at the time anesthesia is administered. Please follow the instructions given to you during your pre-operative phone call. A good general rule of thumb for adults is to eat or drink nothing after 10 pm on the night before surgery.

#### **INFANTS TO AGE 6**

- May have formula if completed 6 hours prior to arrival time
- May have breast milk if completed 4 hours prior to arrival time
- May have clear liquids (water, pedialyte, clear apple juice) if completed 2 hours prior to arrival time

### **MEDICATIONS**

Since aspirin and aspirin containing products can cause increased bleeding in some people, it is important to avoid these medications 2 weeks prior to surgery, unless otherwise advised by your physician.

#### **AVOID THESE MEDICATIONS BEFORE SURGERY**

- Alka-Seltzer, Anacin, Ascpitin, BC, Bufferin, Cheracol Capsules, Cope, Coricidin, Darvon Compound, Firoinal, Dristan, Empirin, Excedrin, Midol, Sine-Aid, Sine-Off, Percodan, Naprosyn, Motrin, Clinoril, Stendin, Tramancin, Vanquish and many others
- If you are in doubt about a medication, please call our office.
- You will be advised on other meds to stop when you receive your pre-operative nurse call from Beaumont about 2 weeks before surgery.
- It is very important that you provide information about **ALL** medications you take, including vitamins, herbal supplements, diet pills and over the counter medications.

## **POST-OPERATIVE INSTRUCTIONS**

### **MEDICATIONS**

1. You will be prescribed an antibiotic ear drop. Please follow your physician guidelines.
2. Use Tylenol for mild pain if needed.

### **POSSIBLE SIDE EFFECTS AFTER SURGERY**

- It is normal to have some popping noise in the ear for a few hours.
- Slight blood-tinged drainage is common for a day or two.

### **EAR CARE AFTER SURGERY**

1. Replace cotton in outer ear as needed depending on drainage. Usually there is not much drainage.

### **LIMITATIONS AFTER SURGERY**

- FOLLOW YOUR PHYSICIAN'S SPECIFIC WATER PRECAUTIONS!
- When showering, your physician may require the use of ear plugs to prevent water getting in the ear. Do this with a cotton ball slightly coated with Vaseline.
- DO NOT SUBMERGE UNDER WATER IN A BATH OR SWIMMING POOL, unless otherwise advised by your physician.

### **COMPLICATIONS AFTER SURGERY**

- Yellowish drainage is not expected, but is the most common problem. Drainage is not urgent unless there is pain and fever. Call the office for instructions in this matter.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL OUR OFFICE.**

**586-799-1212**