

Ear Tubes with Tonsil and Adenoid Surgery

Pressure equalization tubes are placed for several reasons. In children they are most often placed for chronic or recurrent ear infections, as well as persistent fluid behind the ear drums. The tubes bypass the blocked Eustachian tubes and allow air to move in and out of the middle ear space to help keep it healthy, prevent fluid from accumulating, allow infection to drain out and provide direct access to the middle ear for using antibiotic drops.

Adenoids are similar to tonsils, but they are at the back of the nose, right between the openings of the Eustachian tubes. Adenoids contribute to ear infections and Eustachian tube blockage by directly covering the openings, or by causing infected nasal drainage to accumulate against the openings to the Eustachian tubes. If your child needs a second set of ear tubes, typically adenoids are removed at that time. If adenoids are large, causing nasal congestion, nasal drainage, and chronic mouth breathing, then the adenoids might be removed at the time of the first set of ear tubes.

Ear tubes and adenoidectomy are performed under general anesthesia in the operating room. Using an operating microscope, a small incision is made in the eardrum, fluid is suctioned out and a small plastic or metal tube, roughly the size of a grain of rice, is inserted. Adenoids are removed through the mouth.

BEFORE SURGERY: Your child must not eat or drink anything 8 hours prior to surgery. If your child develops a bad cough within several days before surgery, we typically will need to postpone the surgery until the

cough/cold has resolved. The hospital or surgical center will call you the day before surgery to inform you of the time you will need to be at the hospital. No Motrin, Ibuprofen, Advil or any other anti-inflammatory medicine for one week before and one week after surgery. Tylenol is permitted at any time.

AFTER SURGERY: Patients may be irritable for several hours after surgery. Some may remain sleepy for much of the rest of the day. Nausea and vomiting are rarely seen and usually improve by evening without intervention.

MEDICATIONS AFTER SURGERY: You will be sent home with drops or a prescription for ear drops at your pre-operative appointment. These drops contain an antibiotic but also serve to flush the tubes out and prevent debris from accumulating and plugging the tube. The drops should be used for three days following tube placement (five drops two times a day for three days). After placing the drops use the “tragal pump” maneuver to push the liquid through the tubes. This is done by pressing the tragus (small triangular flap in front of the ear canal) gently backwards three or four times. If you try it on yourself you will feel the pressure it creates inside the ear.

STIFF NECK: Patients who have had a simple adenoidectomy usually do not have much significant discomfort afterwards, but a stiff neck is a common complaint.

ACTIVITY: Vigorous activities and exercise should be avoided for two weeks. Children may need several days off from school.

VOICE: Some children have more sound coming out of their nose after adenoids are removed and the voice may sound high-pitched or nasal. This is due to the increased volume of space no longer filled by adenoids

and will typically resolve over the course of several days. Rarely this can persist and may need speech therapy or corrective surgery.

EAR PAIN: Children may sometimes complain of earaches after surgery. This is usually due to manipulation of the eardrum. It should resolve within a day or so and usually requires nothing more than Tylenol. Occasionally the eardrops given to you by your doctor may be irritating or too cold. Try warming the drops by placing the bottle in your pocket for 10 minutes or by gently rolling the bottle between your hands before using them. **DO NOT PUT ANYTHING IN THE EAR UNLESS SPECIFICALLY TOLD TO DO SO BY OUR OFFICE.**

DRAINAGE: It is very common for fluid or even blood to drain from the ear for several days after the placement of tubes. It is important for you to continue to use the ear drops given to you by your surgeon, five drops two times a day for three days after tube placement.

FEVER: It is common for patients to have an elevated temperature for a day or two post operatively. Temperatures of more than 101.5 F should be reported to our office immediately. All fevers may be treated with an appropriate dose of Tylenol.

WATER ACTIVITY: Once your ears have completely healed (two weeks after surgery) you may get wet normally. Keep the ears dry in the first two weeks after surgery. If water enters the ear canal, it might carry bacteria through the tube and cause an infected, draining ear. After two weeks you may swim, shower, go under the bath tub water. Soapy bath water from the bathtub sometimes causes pain or increases risk of drainage. We ask that you not dunk under very soapy water or if you use bubble bath. Normal tub water is fine. Should discolored or bad smelling

drainage, blood or pus be noted, re-start the antibiotic drops you were given after surgery and call the office.

HEARING: If your child is having tubes for chronic fluid behind the ear drums he/she may complain that the normal volume sounds of life are very loud for the first few days or week after the ear tubes are placed. This will resolve shortly after surgery once they adjust to the normal hearing.

FLYING: Flying is permitted without restriction. The tubes will equalize pressure so there is no risk of pain or ruptured eardrum. In fact, the patient's ears will probably clear better than anyone else's!

CONTACT THE DOCTOR: Call our office for any temperature greater than 101.5 F or any temperature accompanied by cough or difficulty breathing. Also call us for any discolored or foul smelling drainage.

RISKS • 5-10% of children may develop an infected or draining ear. • 2% of children will be left with a hole in the ear drum requiring repair. Ear tubes fall out into the ear canal on average 6-18 months after surgery. If tubes stay in the ear drum for two years or more, the chance of a hole being left in the ear drum goes up to 20%, so tubes are sometimes removed in the operating room after two years if they persist this long. A paper patch is usually placed over the ear drum hole at the same time to help the hole heal. Sometimes several paper patches are required, but these can often be done in the clinic. Rarely a graft of tissue needs to be taken from around the child's ear to rebuild the ear drum. • Some ear tubes may come out too soon and need to be replaced. • After the tube comes out, the ear infections may return, requiring further procedures. Most children outgrow this problem around age 6-9. • There can be unusual scarring in the back of the throat after adenoid removal, and sometimes there is difficulty sealing off the nasal passages when swallowing and

speaking. This can cause drinks to come out of the nose, and a very nasal voice. There can be damage to lips and teeth at the time of surgery. Further surgery may be required. • Infection in the back of the throat is possible, including abscess formation. Please contact us if there is a temperature greater than 101.5 or any temperature accompanied by cough or difficulty breathing.

FOLLOW UP: We would like to see most patient's about 2 weeks after surgery and every 6 months until the tubes fall out. Please schedule your follow up appointment for two weeks from your surgery. This is usually done at the time of your surgery scheduling or at your pre-operative appointment. If it was not please call to schedule or have them schedule when you are in the hospital recovering from your surgery.