

EAR, NOSE, THROAT AND AUDIOLOGY ASSOCIATES OF THE CAROLINAS, PA

Aspirin and aspirin-related products should not be taken 2 WEEKS BEFORE OR AFTER SURGERY because they increase the chances of bleeding.

For this reason, it is very important that you know the contents of any "over the counter preparations" prior to their use. Many headache preparations, cold remedies, and "hangover cures" contain aspirin. The chemical name of aspirin is acetylsalicylic acid.

Examples of drugs containing salicylates are as follows:

Acetidine	Bufferin	Inhiston
Alka-Seltzer	Coricidin	Liquiprin
Anacin	Darvon Compound	Midol
Anahist	Doan's Pills	Pepto-Bismol
APC	Distrin	Persistin
Aspergum	Ecotrin	Sal-Sayne
Aspirin	Empirin Compound	Stanback
B C	Excedrin	Theracin
Bromo-Quinine	4-Way Cold Tablets	Trigesic
Bromo-Seltzer	Goody Powder	

Examples of aspirin-related products are the following: (These products also should not be taken 2 weeks before or after surgery).

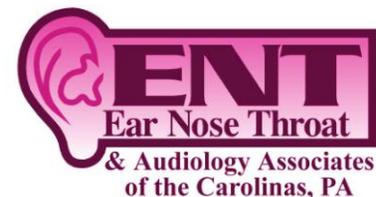
Advil	Naprosyn	Indocin
Alleve	Motrin	Tolectin
Nuprin	Ibuprofen	Feldene

You can substitute TYLENOL for these products and it may always be taken.

Check with your pharmacist if you are not sure if the medication you are taking contains aspirin.

**PLEASE CALL THE OFFICE 704 544-6533 / 803 328-3686
IF YOU HAVE ANY QUESTIONS**

**NOTHING TO EAT OR DRINK AFTER 12:00AM, MIDNIGHT
THE MORNING BEFORE SURGERY. ARRIVE AT THE
HOSPITAL AT THE TIME SPECIFIED BY THE FACILITY AT
OUTPATIENT REGISTRATION**



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POST-OPERATIVE INSTRUCTIONS

MYRINGOTOMY AND INSERTION OF EAR TUBES

Patient's Name: _____

Location: [] CMC Pineville [] Piedmont Medical Ctr
[] Presbyterian/Matthews [] Presbyterian/Main
[] Presbyterian Surg Center [] Carolina Surgery Ctr
(Ballantyne)

Surgery Date: _____

Post-op Date: _____

MYRINGOTOMY AND TUBES

WHAT DOES THE SURGERY INVOLVE?

A myringotomy is an opening that is surgically created in the eardrum to allow the removal of fluid and entrance of air into the middle ear. This is usually done when the ears are repeatedly infected and do not respond to antibiotics. The most common secondary cause is chronic fluid, which remains behind the eardrum for around 8-12 weeks in spite of adequate medical therapy. Occasionally, if the eardrum is retracted (sucked in), a tube will be placed in an effort to restore it back to normal position. The tube is placed after the hole in the eardrum is made in to prevent the opening from closing. Chronic ear problems can result from allergies, sinusitis, tonsil and adenoid enlargement, or infections.

WHAT IS THE PURPOSE OF TUBES?

The function of the ventilation tube is to allow the exchange of air between the middle ear and external environment. This, hopefully, will allow the return of normal middle ear function over a period of time. The tube takes over the function of the patient's own Eustachian tube. It allows drainage outward to relieve pressure should an ear infection occur. Its main advantage, however, is to prevent serious complications that occurred in the past, such as mastoid infections, disruption of hearing bones, hearing loss, or meningitis.

HOW LONG DOES THE TUBE STAY IN THE EAR?

The tube usually remains in the eardrum for eight to twelve months. It will occasionally come out in a few days or a few weeks if a severe ear infection occurs. It is very important that you see a physician within 24 hours if you notice any drainage from the ear which is indicative of an infection. This will lessen the chances of the tube falling out prematurely. When the tube comes out, the slit in the eardrum usually closes by itself. However, on rare occasions, it will not close spontaneously and may need to be closed surgically. You may not see the tube when it comes out because of its small size. Occasionally, if the tube stays in longer than 3 years, it will be necessary to have it removed surgically.

WILL TUBES BE NEEDED AGAIN?

Over 80% of the time only one set of tubes will be needed for the initial problem to resolve. However, on occasion, a tube will come out too early or after it comes out, the fluid reoccurs and persist necessitating a second set of tubes. When it does, this may be quite silent and, if left unattended, may result in a significant problem. *This is why it is very important to have your child checked by their primary care physician every 4 to 6 months to make sure that the tubes are functioning properly.* If it is necessary to replace the tubes, we usually remove the adenoids the second time this procedure is performed.

POST-OPERATIVE INSTRUCTIONS

DIET

Occasionally, there may be nausea and vomiting so we recommend starting with clear liquids and switching to a regular diet as tolerated.

PAIN

Generally, this procedure causes no pain, but Tylenol may be given as needed. The child may complain of a popping sensation in his ear until the Eustachian tube function returns to normal. Occasionally, a young child will continue to pull at his ears out of habit.

ACTIVITY

The child may resume his normal activity the evening of surgery.

EAR DRAINAGE

This is not an emergency; however, the child should be checked within 24 hours to see if a medicine needs to be prescribed. Ear drainage for the first 2-3 days following surgery is not uncommon and need not be worried about. However, after 3 days, we ask that you notify us for advice as to what you should do. After the routine post-op visit, we recommend that you contact your primary care provider for this problem. Often the drainage may be bloody if there is an infection present, and this should be treated in the same manner as if there is pus draining from the ear.

EAR PROTECTION

Your child's ears should be kept as dry. It is okay to wash the ears normally with a cloth, but keep water out of the ears. Usually the easiest way to do this is to place a small piece of cotton, with the outside greased with Vaseline, in the ear. This will form a watertight seal and allow you to wash your child's hair. Other mechanisms to keep water out of your child's ear include: over-the-counter earplugs or custom ear molds. The custom ear molds are available in our office. I feel very strongly that anyone with a tube in place has to be careful about keeping water out of their ears and should swim with earplugs. Swimming should take place only in chlorinated water. Submersing the head under the surface is okay as long as it is not deeper than one foot below the surface.

EAR DROPS

Post-operatively, you will be given eardrops, which help keep the tube open and heal the middle ear. The patient must remain still for a few minutes when the drops are placed in the ear. Keep the extra drops handy in case of any drainage in the future. Most times the eardrops do not burn; if they do we may prescribe eye drops instead. The best way to instill the drops is to first wipe away any visible drainage to allow the drops to get down in the ear. Then shake and warm the container of drops in the hand. Instill the drops into the ear canal then gently massage in front of the ear to allow drops to run down into ear canal.