

ENT & Audiology Center of Southlake

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Diplomate of the American Board of Otolaryngology

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Otolaryngology-Head and Neck Surgery

MYRINGOTOMY AND TUBE INSERTION

SURGICAL INSTRUCTIONS

Placement of ear tubes is one of the simplest and fastest operative procedures done in this country. It is also one of the most common.

On the day of surgery:

THE HOSPITAL WILL CALL YOU REGARDING THE TIME YOU ARE SCHEDULED FOR SURGERY. THEY WILL INSTRUCT YOU AS TO YOUR ARRIVAL TIME AND PRE OP FASTING INSTRUCTIONS.

Each hospital will have specific instructions and you should adhere to them. If you are not contacted in advance, or for any reason do not receive specific instructions, use the following guidelines:

You should stop eating all solid foods, candy, gum and milk eight (8) hours before the scheduled surgery time.

Further, you should stop drinking all liquids, even clear liquids, six (6) hours before the scheduled surgery time.

IF YOU FORGET, AND EAT/DRINK AFTER THE CUTOFF TIME, NOTIFY THE HOSPITAL ASAP, BECAUSE THIS MAY DELAY OR CANCEL THE SURGERY.

Postoperative Care:

Diet and Activity Guidelines:

You are allowed to resume normal diet and activity immediately postoperatively.

Pain Control:

Pain is usually negligible, but if present can be treated with Tylenol or Ibuprofen in almost every case. A prescription for pain medication should not be necessary.

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Ear Drainage:

1. You may have cotton balls in the ears. When these come out, they do not need to be replaced.
2. You may have clear or blood-tinged drainage from the ears in the immediate postoperative period. This should be transient, and stop within 2-3 days.
3. If drainage continues for more than 5 days postoperatively, or reoccurs before your 2-week postoperative follow-up visit, notify my office.
4. Most importantly, do not be alarmed by ear drainage after the postoperative period, even if it contains blood. This is almost never a serious problem and responds to treatment quickly. If this occurs, notify us so we can advise an appropriate action. See follow up instructions.

Ear Drops:

1. You will be discharged with an antibiotic eardrop. These drops help reduce postoperative drainage and help prevent obstruction of the tubes from secretions that may dry within them.
2. Drops are usually "ophthalmic", or pH balanced, and should not be painful when placed in the ear. Young children may sometimes complain or object to the drops, but this is most likely because of the feeling of wetness in the ear.
3. Hold the bottle of drops in your hand a few minutes to bring them to body temperature before placing in the ears.
4. DO NOT use these drops in the eyes.
5. I will inform you of the length of time to use the drops.

Keeping the Ears Dry:

1. Water contamination of the ear is a controversial subject. There are widely varying recommendations regarding this topic. I believe that bath water is the primary thing to be avoided. The combination of soap and bacteria increase the likelihood of middle ear infections and inflammation.
2. To keep the ears dry during all baths/showers, even when not shampooing, I recommend waterproof seals (ear plugs) be used. Alternatively, a small cotton ball coated in Vaseline can be used as a waterproof barrier. Do not push anything deep into the ear canal, simply seal the canal with the plug or the cotton ball.
3. In contrast to bath water, swimming pool water does not usually cause the same problems and you can usually swim without ear protection. Some patients experience drainage after swimming and you might need to wear waterproof plugs during swimming. Call the office if this occurs.

Follow-Up:

1. Please schedule a 2-week follow-up appointment so that I can be assured that the tubes are positioned and open, and that the ears are not infected. Even if you see another physician in the interim, I will need to personally check the tube placement.
2. I will continue to monitor the tubes every six months until they are extruded. You are responsible for scheduling ALL routine follow up appointments.
3. I request you call my office first if the ears should drain or bleed between routine follow up appointments. This is almost never a serious problem and I usually do not recommend oral antibiotics to treat this.

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