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PE Tubes

Ear tubes have several names: Pressure Equalization (PE) Tubes, Ventilation Tubes, Grommets, etc. Regardless of the name, the procedure is the same. A small incision is made in the eardrum and a ventilation tube is placed through the incision to allow air to enter the space behind the eardrum. This is usually done to treat ear infections and/or fluid in the middle ear.

General Information:

Pressure equalization (PE) tubes do not cause pain. General anesthesia is used in children to make the procedure more comfortable and ensure that the patient will be still during placement of the tube. After the procedure, pain is usually not a concern. (Tylenol can be used if necessary) Immediately after the procedure children are often irritable and this may last 30 to 60 minutes. This is due to the initial confusion and disorientation after anesthesia and will quickly pass. Your child will return to normal later in the day.

What to expect:

For several days following surgery there may be drainage from the ears. The drainage may vary from clear mucus to bloody discharge. This is to be expected. The drainage usually stops several days after surgery. Drainage may return at any time, especially when your child has a cold or nasal congestion. It is not uncommon for the same discharge to drain from your child's ears and nose during these times. This drainage can be treated with decongestants and, sometimes, antibiotics. If the discharge resembles pus, please contact this office for instructions.

What are Myringotomy and Insertion of PE Tubes?

Myringotomy is a simple procedure to drain a build-up of fluid in the middle ear. A small incision is made in the eardrum (tympanic membrane) and the fluid is allowed to drain or is suctioned clear. Often, tiny, self-retaining plastic ear tubes (sometimes called PE Tubes) are inserted into the eardrum. The operation, which may take up to half an hour, is performed in the operating room, usually on an outpatient basis. General anesthesia is usually required for young children, although local anesthesia is sometimes used for older children and adults.

Risks and Benefits:

Myringotomy and the use of PE tubes correct hearing loss and prevent farther deterioration in most cases. Re-insertion of the tubes may be required in a small minority. In children with middle ear infection the procedure is justified, even though the condition resolves itself naturally by the eighth or tenth year, to prevent the social and educational handicap of several years hearing loss. Also, the untreated condition may lead to serious infection, possibly extending to the brain or causing facial paralysis.

The risks of the procedure are low. They include (in addition to those of general anesthesia): ear drum perforation.

Why is it performed?

One of the commonest surgical procedures throughout the world, myringotomy is most often performed for a condition of the middle ear known as secretory otitis media. Usually painless, this condition is characterized by an accumulation of sticky fluid in the middle ear resulting in some hearing loss. It is mostly seen in young children as a result of recurrent ear infections. Their Eustachian tube, running between the middle ear and back of the throat, is shorter and lies more horizontally than in adults, predisposing to middle ear inflammation.

Sometime secretory otitis media (which often follows repeated upper respiratory tract infection) can be treated successfully with antibiotics and nasal decongestants to dry up the secretions. If the condition persists, myringotomy is performed to evacuate the middle ear cavity. PE tubes be inserted to substitute temporarily for the eustachian tubes in equalizing pressure between the middle ear and the outer ear canal and also to minimize any further build-up of fluid. The majority of PE tubes are expelled naturally, as the incision closes over within 6-12 months of insertion (by which time natural ventilation and drainage should be re-established). If not, they can be removed painlessly, usually in the doctor's office. Rarely, myringotomy may be recommended for acute middle ear infection (suppurative otitis media). In the painful condition (also more common in children), there is an accumulation of infected matter in the middle ear, pressing against the eardrum and threatening perforation. Here again, surgery is only performed if the condition does not respond to antibiotics.

Preparing for Surgery:

There is no special preparation for this procedure, although, in the case of a child, an explanation should be given in terms that he or she can understand. Where general anesthesia is planned, nothing should be taken by mouth for at least six hours beforehand.

In the Operating Room:

The surgeon works with the patient lying, usually anesthetized, on his or her back, with the head cushioned on a soft ring. The outer ear and surrounding skin are cleansed and sterile drapes applied (and, if general anesthesia is not required, a local anesthetic is applied at this point). Working with an operating microscope, the surgeon begins by making a small nick in the eardrum. Any fluid present in the middle ear is allowed to drain, or suctioned clear, and the area is swabbed clean. A tiny tube is inserted gently into the surgical aperture. The procedure is repeated on the other ear and antibiotic drops are then placed into the ear canal. The patient is then taken to the recovery room briefly for monitoring.

After the Procedure:

Your child may feel sleepy and aware of discomfort on one or both ears. If necessary, drugs will be given to relieve nausea or pain. You will be offered fluids at first and light refreshments late in the day. You should be well enough to return home in a few hours.

Going Home:

Before leaving, you will be given an appointment for a postoperative checkup with your surgeon. You should take it easy for a day or two after surgery and avoid driving a car or operating machinery for at least 24 hours. Any discomfort in the ears should disappear within a few days. You may be advised not to swim, or least not to do so without closely fitting earplugs, until the eardrum has healed. Similarly, you should avoid getting water in your ears when you take a shower or bath. Children in particular will need regular check-ups as the condition may reoccur.

Possible Complications:

There should be no complications following myringotomy and insertion of PE tubes if the postoperative instructions are followed carefully. However, if there is increased discomfort, or continued bleeding or discharge from the ear canal, you should call the doctor's office for advice. Rarely one or both tubes may be expelled prematurely, in which case the procedure may have to be repeated.