

**Jeff M Robichaud, Medicine, Professional Corporation Bsc MD FRCSC, DABOto  
Assistant Clinical Professor McMaster University  
Otolaryngology- Head & Neck Surgery Facial Plastic Surgery**

**23 Hannover Drive. Unite # 5  
St Catharines, ON L2W 1A3  
Phone: 905-685-0267 Fax: 905-685-0265**

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## ***Myringotomy and Tube Information Form***

### Risks of Surgery (brief summary)

There is a remote risk of persistent perforation after the tube falls out. This is generally less than 1%. If needed the perforation could be repaired quite easily in most cases. Other potential problems include post operative ear drainage, or granuloma formation, both of which can be treated with ear drops in most cases. The tubes usually fall out in 6 months to two years. In rare cases they may have to be removed in the office or under anesthetic if they persist longer than three years.

The anesthetic is generally single agent inhalation with a mask. No intravenous is required and no pre operative blood work in the majority of cases. If this is likely to be needed, Dr. Robichaud will discuss this in advance, if possible. The surgery is generally painless, and takes about 2 minutes per ear. Tube placement is often done in combination with adenoidectomy and tonsillectomy. Please refer to that information sheet if indicated.

If there is active infection or fluid behind the ear drum at the time of surgery, then Ciprodex drops will be prescribed for the affected ear(s). This is a safe otological preparation to be used to treat ear infections when a tube is in place. It is generally used for 7-10 days. There can occasionally be some discomfort using the drop, and if this persists and there is no ear drainage, it is safe to stop the drop earlier.

### Before the operation:

The patient is to have no solids 8 hours before the surgery, and may have clear liquids (apple juice, water) up to four hours before surgery. Blood tests are not routinely done before surgery.

Patients will attend a pre-operative tour at the hospital in most cases. If this is not attended and we are unable to contact you to confirm that you are still going ahead with your surgery, it will be cancelled.

### After the Operation:

After the surgery there is rarely any pain. If needed Tylenol or Advil may be given. Ciprodex drops should be used as prescribed. On occasion this may be prescribed to have on hand should the patient develop any purulent ear discharge before the next scheduled follow up appointment. I do not recommend routine water precautions (ear plugs) for Reuter Bobbin tubes, which are the ones most commonly placed. The literature has shown no increase in ear discharge with swimming in children with tubes, who do not use ear plugs. If you go more than 5-6 feet deep when swimming, then this can result in fluid going behind the ear drum, and in some cases an ear infection, and should be avoided. Swimming at more shallow depths is fine and does not require ear plugs.

Submerging the head in soapy bath water should also be avoided. Soapy water has a different viscosity than normal water and will easily pass through the tube. Bath water also often has very high bacterial counts which can lead to a middle ear infection. It is recommended that you rinse the hair with tap water to avoid any problems with bath water getting in behind the ear drum when bathing

Generally most patients are fit to return to normal activity the same afternoon. If in daycare or school, they may return the following day

Follow up is usually 6 weeks post operatively with an audiogram, if indicated, and then every 6 to 9 months until the tubes fall out. If you have any concerns before your scheduled appointment, please contact the office by phone or email, and an appointment can be made sooner if needed.