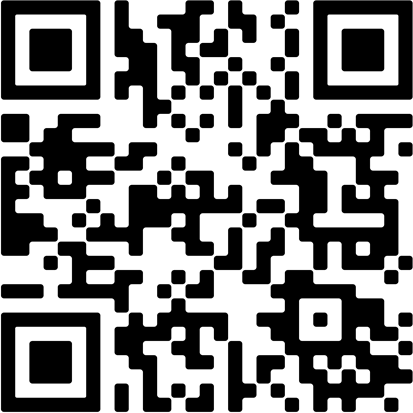
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**Q&A: Ear Tubes**

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**Pedi ENT**

**Patient Information Series**

## *What are ear tubes?*

Ear tubes are tiny plastic tube**s** that are placed in a child’s eardrum to make an opening. The eardrum is the thin layer of tissue between the ear canal (outer ear) and the middle ear. Ear tubes are a short surgical procedure and for chil- dren usually require a brief gas anesthetic. Ear tubes are also sometimes called “tympanostomy tubes”, “PE (short for ‘pressure equalization’) tubes,” or “myringotomy tubes”.

## *Why does my child need ear tubes?*

* **Recurrent acute ear infections** – Ear tubes decrease severity of infections, help drain infections and lead to faster recovery and fewer sick days.
* **Persistent chronic ear fluid** – this type of fluid is typically not infected and does not require antibiotics, but fluid in the middle ear can cause temporary hearing loss. Long-term hearing loss can lead to language and speech prob- lems especially in young children.
* **Equalize the pressure** between the middle ear and the ear canal in order to prevent structural damage to the ear drum.

## *How long does the ear tube stay in place?*

Most patients need short-term tubes **which last anywhere from 6 to 36 months**, allowing patients to outgrow their ear problems. Long-term tubes can last longer. If tubes are still in place for longer than 3 years, this may re- quire a short surgery for tube removal by your physician.

## *What happens after the ear tube falls out?*

1-2 out of every 100 children will develop a small hole (perforation) in the ear drum. **The majority of holes close on their own over time**, but if the hole persists, your physician can patch it in the operating room.

## *What other complications can occur from ear tubes?*

* **Drainage** (otorrhea) – this typically resolves in a week after antibiotic ear drops
* **Tubes get blocked** – your physician may decide to start your child on drops to clear the opening or replace the ear tubes in the operating room
* Rarely, tubes can fall into the middle ear or can fall out into the ear canal after only a short time
* **Scarring** – repeated irritation of the ear drum can cause scarring called tym- panosclerosis or myringosclerosis. Most of the time, this does not cause any hearing loss and does not require treatment.
* **Need for additional sets of ear tubes** – some children may need 1 to 3 sets of ear tubes during their childhood, but certain high risk children may require more.

## *How long is the recovery process after tube surgery?*

Because the surgery for each ear lasts less than five minutes, anesthesia typically does not require a breathing tube. Most children can go home 1-2 hours after surgery. Starting immediately after surgery, children may have fluids such as water or apple juice. They can usually resume their regular foods and normal activities the next day, unless your child also had other surgeries such as tonsil and/or adenoid removal.

## *Can my child still swim with ear tubes?*

Water does not usually go through the ear tube during swimming so **most children do not need ear plugs.** However, if your child has 1) pain associated with water entering the ear canal, 2) persistent or pro- longed ear drainage, or 3) dives more than 6 feet under the water, then your physician may ask your child to wear water tight ear plugs during water activities.

## *How often do I need to see my ENT doctor for ear tubes?*

Routine follow up is **every 6-8 months** to check if ear tubes are in place. Appointments with audiology for hearing tests may also be needed to monitor hearing. Once the ear tubes fall out, your physician can check to see if another set of ear tubes are indicated.

# My child had surgery for ear tubes and now I see bloody drainage. What do I do?

**Do not worry.** Bloody drainage is normal a few days after surgery. Bloody drainage can also occur from trauma, such as cotton tip applicators (Q-tips) in the ear canal. Please avoid using these to clean your child’s ears. Bloody drainage can also mean an ear infection. The best treatment is antibiotic ear drops prescribed by your physician. Antibiotics by mouth are not typically required as long as the ear tubes are still in place.

## *My child is still getting ear infections after ear tubes. Is this normal?*

**Yes, your child can still get an ear infection** (acute otitis media) with an ear tube. This drainage can usu- ally be seen from the ear canal or on the pillow case. Do not worry. This means that the tube is working and draining the ear infection adequately. Again, the best treatment is antibiotic ear drops. Antibiotics by mouth are not typically required. If you suspect ear infection and do not see drainage, ask your pediatrician to see if the ear tube is open. If the tube is not open, then treat as if the tube is not there and use antibiotic ear drops in conjunction.

## *How much pain will my child be in?*

Ear tubes are very small and typically do not cause much pain after the surgery. Acute pain later on may be a sign of an ear infection and should be first evaluated by your pediatrician.

## *What medications will my child receive after surgery?*

For pain, over-the-counter Children’s ibuprofen (Motrin) or acetaminophen (Tylenol) is sufficient on an as- needed basis for 1 to 3 days after surgery. Your ENT physician will also prescribe your child an antibiotic ear drop called ofloxacin or ciprofloxacin-dexamethasone to use the first few days after surgery. It would help to keep the bottle for future use (if not expired) in case your child has drainage/infection later on after ear tube

surgery.

## *What should my child eat after surgery?*

Start by giving your child clear liquids such as apple juice, water, Gatorade, broth, popsicles or Jell-O and ad- vance to regular diet as tolerated. If he/she vomits any food, start over with clear liquids. If he/she vomits more than three times, call your child’s surgeon. Your child may need help going to the bathroom for the first 24 hours. You should notify your surgeon if your child is unable to urinate 8 hours after the time of dis- charge.

# Additional questions?

**Please call UTHealth Houston Pedi ENT at (713) 486-5000 or send us a message through MyUTHealthHouston (MyChart) account.**