

MYRINGOTOMY AND TUBE INSERTION (CHILDREN)

Patient and Family Information

Anatomy of the ear

The ear can be divided into outer, middle, and inner ear. The middle ear is a hollow space behind the ear drum that transmits sound vibration from the ear drum to the inner ear via ossicles (hearing bones) that reside in the middle ear.

Problems arising from the middle ear may require a myringotomy and tube insertion.

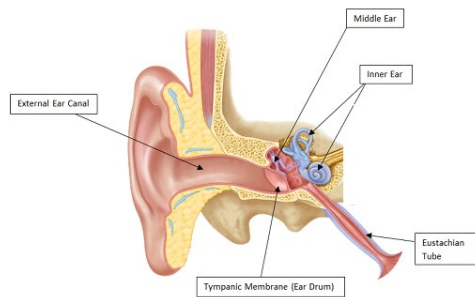


Image Source: Melbourne ENT

What is a myringotomy and tube insertion?

A myringotomy refers to the process of making a tiny incision in the ear drum. This is usually followed by an insertion of a small plastic tube through the incision.

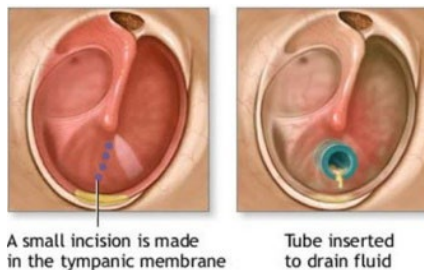


Image Source: A.D.A.M

Why does my child need this procedure?

There are different reasons for undergoing a myringotomy and tube insertion.

One or more of the following reasons may apply:

- Glue ear (otitis media with effusion) — this refers to the build-up of fluid behind the ear drum, affecting one's hearing.

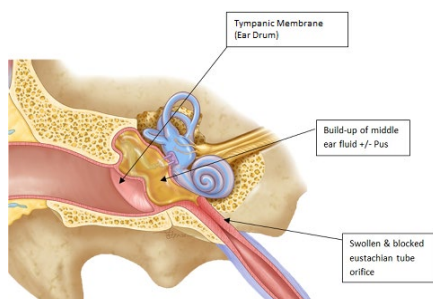


Image Source: Melbourne ENT

- Recurrent episodes of middle ear infection

What does this procedure involve?

The procedure is performed under general anaesthesia, through the ear canal. There will be no external incisions. Your child will be required to fast before the surgery.

Following the administration of general anaesthesia, a tiny incision is made in the ear drum. Any fluid behind the ear drum is removed using a suction device. A small plastic tube is then inserted into the ear drum to keep the middle ear aerated for a prolonged period of time. This keeps the ear healthy.

What are the risks associated with this procedure?

There are potential complications associated with any surgery. This may pertain to the administration of general anaesthesia or the surgical procedure itself. You should speak to the doctor about these risks. Some potential complications include:

- Pain
- Bleeding
- Persistent discharge from the ear (tube otorrhoea) — this will usually improve or resolve with water precaution, ear clearance in clinic, and topical antibiotics. Tube removal may be necessary if discharge persists.
- Placement of tube into the middle ear
- Tube blockage
- Early extrusion of tube
- Persistence of hole in ear drum after extrusion of tube
- Scar tissue formation on ear drum (tympanosclerosis)

What are the alternative options?

You may opt for a period of observation (three to six months) for spontaneously resolution of any glue ear for your child.

What can I expect immediately after the procedure?

Your child will be discharged on the day of the procedure.

Your child may experience mild ear discomfort after the operation. Please give the pain medications and/or ear drops as prescribed. Refrain from digging the ear with anything (e.g. cotton buds), spraying water into the ear during shower or swimming under water/diving.

Tubes are generally allowed to remain in place until they eventually fall out of the eardrum on their own as the ear heals. Routine clinic follow-ups will be arranged while the tube is in place.

Should you have any pre or post operation queries, please call us at 6772 4551 or email us at ent_fc@nuhs.edu.sg.

For urgent medical attention, please walk into the clinic during operating hours (Monday to Friday, between 8.30am to 5.30pm) or visit the Emergency Department after clinic hours.

References:

- A.D.A.M:
<http://www.adam.com>
- Melbourne ENT group:
<https://melbentgroup.com.au/patient-information-for-acute-otitis-media-aom/>

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