



Daniel L. Wohl, M.D., P.A.
4114 Sunbeam Rd., Suite 403
Jacksonville, FL 32257
(904) 262-7368

INSTRUCTIONS FOR PARENTS

MYRINGOTOMY TUBE REMOVAL ("EAR TUBE" REMOVAL)

1. Background

Your child had "ear tubes" placed to help normalize their recurrent and/or persistent middle ear problems. The current generation of "ear tubes" (and there are many varieties) are designed to migrate out of the eardrum and into the ear canal spontaneously. Because of different technology, and differences in individuals, some tubes come out sooner and some tubes stay in longer. It is estimated that upwards of 98% of ear tubes migrate out spontaneously. It is uncommon for a child to receive a "permanent" ear tube.

2. What is done for "ear tubes" that don't come out?

Many times, an ear tube is lying in the canal embedded in wax, or stuck to the canal skin, and your ENT doctor can use special microinstruments to remove the tube(s) from the canal in the office. Often, the tubes will continue to gradually slide out from the ear canal on their own and you may not even notice that they are gone. However, on the occasion when your ENT doctor feels the ear tube has stayed in the tympanic membrane ("ear drum") too long, this will be explained to you and he will discuss a brief procedure to remove the tube under general anesthesia in the operating room. Alternatively, in select patients, this may be able to be accomplished in the office.

3. What are the reasons "ear tubes" are removed?

The most common indication for "ear tube" removal is for a tube that has stayed in beyond the time that they are still necessary. Other typical indications are for long term draining ears that do not respond to office management with the presence of the tube possibly preventing the infection from completely healing. On occasion, your ENT doctor may describe the appearance of "granulation tissue" which is an overgrowth of soft scar that often results in bloody ear drainage or other irregular ear drum appearance that may be due to a tube still in place.



4. Will the ear drum perforation close following tube removal?

Your doctors are aware that ear tubes prevent the eardrum from naturally closing and that once the tube is removed there is a residual perforation (“hole”). When an ear tube migrates out spontaneously, the ear drum usually closes over naturally. On occasion, however, this does not take place and there may be a persistent perforation that will be seen.

When an ear tube is electively removed from the ear drum, your ENT doctor will try to manipulate the eardrum tissue to promote spontaneous closure. Using fine microscopic instrumentation under magnified view, your doctor will perform what is called **myringoplasty**. This simply means that the eardrum tissues were manipulated to try and create “fresh” edges to allow the naturally healing inner and outer skin to reseal.

When a retained tube is removed in the operating room under general anesthesia, the option to further promote natural closure with a “patch” will be considered. The “patch” could be a small piece of sterile surgical tape or an organic dissolvable disk. On occasion, the perforation can be “plugged” with absorbable packing or with a small piece of fat taken from the ear lobule which will seal the gap and contract over time.

5. What happens if the perforation never closes?

In otherwise healthy children, with normalized middle ear and Eustachian tube function, an eardrum perforation following tube removal usually closes over in time. However, your ENT doctor may indicate to you after surgery that the hole was larger than usual or that the eardrum was “weaker” than usual and in these cases the potential for complete spontaneous closure is reduced. Should your child develop a persistent eardrum perforation, depending on the clinical circumstances, your ENT doctor will then discuss potential surgical options for formal repair at a later date.

6. What should I expect after surgery?

- Ear pain is relatively uncommon but is usually controlled by a non-narcotic medication, such as acetaminophen or ibuprofen.
- Eardrops are occasionally placed depending on the “patch” and you may, therefore, see a modest amount of weepage over the first day or two from the ear canal.
- Fever is uncommon and should be reported if it occurs beyond a day or two.
- Dietary Restrictions are not necessary.
- **Physical Activity restrictions may be requested.**
- **Bathing and Swimming restrictions are requested** at least until the first post-operative follow-up appointment because you run the risk of displacing the “patch” or “plug”. “Dry ear precautions”, are therefore, still recommended.

7. Follow Up Appointment

A post-operative follow-up appointment is usually scheduled for approximately 4-5 weeks after surgery. **We encourage you to contact our office during regular working hours Monday through Friday for routine or urgent questions, if possible.** If you have “after hours” questions, you can call our office at (904) 262-7368 and follow the prompts to contact Dr. Wohl or the on-call physician.

