

Myringotomy And Tube Insertion (Adults)

What Is A Myringotomy And Tube Insertion?

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

What Are The Risks Associated With This Procedure?

There are potential complications associated with any procedure. This may pertain to the administration of local anaesthesia or the surgical procedure itself. You should speak to your doctor about these risks. Potential complications following a myringotomy and tube insertion 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 middle ear.
- Early extrusion of tube.
- Persistent hole in the ear drum after extrusion of tube.
- Scar tissue formation on ear drum (tympanosclerosis).

Why Do I Need This Procedure?

- Glue ear (otitis media with effusion) – This refers to the build-up of fluid behind the ear drum affecting hearing.
- Persistent negative middle ear pressure.
- Recurrent episodes of ear infection.

What Does This Procedure Involve?

- The procedure is performed under local anaesthesia via an injection around the ear canal.
- 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 period of time.

What Are My Alternative Options?

You may opt for a period of observation (3 – 6 months) for spontaneously resolution.

Important To Note:

- You will be discharged on the same day after procedure.
- You may experience some pain or discomfort after the procedure. Please take the pain medications and/or eardrops as prescribed.
- Refrain from digging your ear with anything (eg. cotton buds).
- Keep your ear dry as water in the ear increases the chance of infection. You may insert cotton ball to the outside of the ear canal before shower and replace it with a new cotton ball after shower.
- No swimming or diving. Please check with your doctor for advice.
- Avoid blowing your nose or sneezing forcefully – Gently clear one nostril follows by the other or sneeze with your mouth open to minimise the pressure in the ear.
- Tubes are generally allowed to remain in place until they eventually fall out of the eardrum on their own as the ear heals.
- While the tube is in place, routine clinic follow-up will be arranged.

When Should I Seek Medical Help?

Should you experience any of the following symptoms:

- Fever or chills
- Severe dizziness and headache
- Foul smelling discharge from the ear
- Sudden reduced hearing
- Large amount of bleeding

Please contact our main line or head to your nearest emergency department

Alexandra Hospital

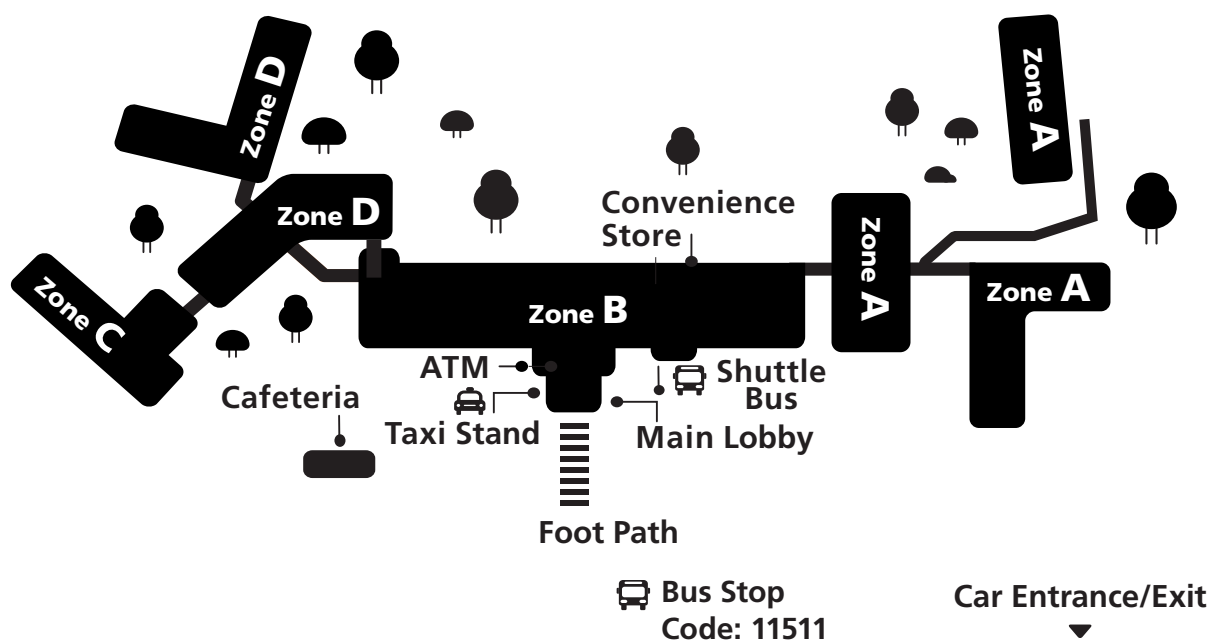
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