

DEVANG DESAI, MD

POSTOPERATIVE CARE FOR P.E. TUBES

P.E. tubes (pressure equalizing tubes) are tiny tubes placed into the eardrum to ventilate and drain the middle ear. Depending on the type of tube, they may remain in the eardrum for several months to years. While in place, they act as a temporary opening (perforation) of the eardrum; this opening closes by itself 99% of the time. If not, a minor operation to repair the perforation (tympanoplasty) can be done.

While in place, it is possible that the opening in the tube will allow water entering the ear canal to get into the middle ear. Should this happen, an infection could result which could lead to a painful discharge from the ear. Keeping water out of the ear is very important.

Immediate Postoperative Care

During the first few hours of recovery from the anesthetic, your child will be drowsy, uncoordinated, and possibly nauseated and irritable. As the anesthetic gas leaves your child's system, these symptoms will disappear. It is important that your child take liquids to keep from becoming dehydrated. However, it is not necessary to eat solid food until the nausea (if any) has disappeared. Usually by the evening of the surgery day the child's appetite has returned.

Bloody discharge from the ears is common. Keep a cotton ball in place to collect any discharge. This may be changed as often as necessary. You may clean the outer part of the ear with Q-tips. If the drainage persists or smells bad, notify your doctor.

Some children will pull at their ears after this operation. Do not be concerned unless the ear is draining and/or the child is running a fever. Some children startle or cry when exposed to noise after the tubes are placed. The improved hearing temporarily frightens them because they have not heard loud noises before due to the fluid in the ears. This will resolve with time.

An antibiotic eardrop is recommended. Three drops placed in the ear canal morning and night is usually sufficient to keep infection down and keep the tube open. The drops should be used for the first five days after surgery; these will be given to you to take home after the surgery. Keep the remaining drops, as you may need them later if the ear drainage develops.

If your child appears to act normally the day after surgery, it is generally all right for the child to go back to school or resume normal activity.

Should you have any problems or questions, please call your Surgery Scheduler between 9:00 AM and 5:00 PM or your doctor after hours.

Long Term Care of P.E. Tubes

Bathing and Hair Washing

To keep water out of the ears during bathing and hair washing, the simplest method is to place a small cotton ball in the hollow cavity of the outer ear and cover the outside of the cotton ball with a small amount of Vaseline. After the hair is dry, these can be simply thrown away.

Swimming

The risk of water entering the middle ear during swimming is small, but very real. We recommend using earplugs. Inexpensive wax ear plugs may be purchased from the drug store and can be easily molded to fit the hollow cavity of the outer ear and outer ear canal. These can be thrown away when they lose their stickiness. We also provide custom-made plastic ear plugs for a small fee. These can be made during a postoperative visit. As your child grows, a larger size may be needed.

Children with tubes in place should not dive under water. No earplugs can keep water out of the middle ear in this case. Swimming under water is safe if the ears are properly protected with earplugs.

Ear Discharge

While the P.E. tubes are in place, ear discharge occurs in one out of every four children. The discharge is usually thick and colored, but rarely has an odor. This may result from water entering the middle ear or a cold.

If this occurs, you may begin using the antibiotic ear drops given to you after surgery. If this stops the discharge in 5 days, stop using the drops. If the discharge persists, your child will need to be seen by the doctor.

Tube Extrusion

Tubes normally fall out on their own (unless permanent tubes are placed) 3-18 months after insertion. You may or may not know when this happens. If your child begins to show signs of hearing loss or recurrent ear infections, he or she should return to be examined by the doctor.