



The Head+Neck Center
John U. Coniglio, MD, LLC
1065 Senator Keating Blvd.
Suite 240
Rochester, NY 14618
Office Hours: 8-4 Monday-Friday
† 585.256.3550
f 585.256.3554
www.RochesterHNC.com

SINUS
ENDOCRINE
HEAD AND NECK CANCER
VOICE DISORDERS
SALIVARY GLANDS
TONSILS AND ADENOIDS
EARS
PEDIATRICS
SNORING / SLEEP APNEA

Myringotomy and Ear Tube Insertion

Myringotomy (incision in the ear drum, tympanic membrane) with or without tube insertion is the most commonly performed ear operation. It is extremely safe and effective. The procedure is indicated for treatment of acute or recurrent otitis media (ear infection) or hearing loss due to fluid. The tube, which usually remains in place for several months, may be rejected sooner or remain in place for years. As long as there is a tube in the ear, care should be taken to avoid water contamination by the use of earplugs or, if desired, a bathing cap. Hearing improvement is usually immediate after fluid has been removed from the ear. Failure to improve hearing indicates a second problem in the middle or inner ear.

Prior to surgery, drainage from behind the eardrum would build up, causing infections, usually in the middle of the night. Following surgery the fluid will drain out. The prescription given to you at your preoperative visit will be used postoperatively, and if there is any ear drainage in the future. Occasionally, tubes move internally and cause bleeding. Drops are also instituted at the time. The frequency of oral antibiotic usage should drop off significantly following tube placement. The tubes do not cause discomfort and eventually fall out on their own within two years. Tylenol or Advil can be used for the first 24 hours if necessary for pain. If there is infection or thick fluid at the time of the procedure, ear drops (Ciprodex) can be used for three days to treat this.

KNOWN RISKS AND COMPLICATIONS

Procedure

When you arrive at the procedure center, an anesthesiologist will see you. There is no breathing tube, no needles and no blood work required. The procedure is brief (approximately 15 minutes). Your surgeon will talk to you before and following the procedure.

Risks

Complications are minor, usually in the form of infection, which may be treated with antibiotics. Occasionally the tympanic membrane fails to heal after the tubes have been removed. The resulting perforation may require surgical repair. In some cases, particularly when there is a family history of chronic ear disease, tympanostomy tubes may need to be replaced. As with any procedure requiring anesthesia, complications are known to exist. These complications are quite uncommon since patients are usually young and healthy.

PREOPERATIVE INSTRUCTIONS

Food and Drink	Clear liquids may be given up to 3 hours prior to your departure for the procedure center. Otherwise, nothing to eat after midnight the evening before the procedure. This includes all liquids that are not clear (see-through), food, candy, mints or gum. You may brush your teeth. Your procedure will be cancelled if you do not follow these instructions.
Medications	Notify us of all routine medications and significant health history. If your child is on any medication that affects bleeding, please notify the office immediately.
Ibuprofen	One hour prior to departure for the procedure center please give your child a dose of ibuprofen (the recommended dose per package instructions).
Tylenol	Tylenol will be used following surgery. Please have this pre-purchased before surgery so you will have it ready for use when you return home after surgery has been completed.
Confirm Arrival	Please call Westfall Surgery Center at (585) 256-3862 before noon on the day prior to the procedure to confirm your arrival time. If having surgery at Rochester Ambulatory Surgery Center they will call you the day before to confirm your arrival time.

POSTOPERATIVE INSTRUCTIONS

Activity	Your child may resume all activities immediately after surgery. As long as there is a tube in the ear, care should be taken to avoid water contamination by the use of earplugs or a bathing cap. Bath water is less of a problem, however. If there is any concern or contamination, just use the ear drops for a day or two.
Diet	Encourage your child to drink fluids and to advance to a regular diet as tolerated.
Medications	For any discomfort, your child may use Tylenol. Follow package directions for dosage. Instill three Ciprodex eardrops in each ear twice a day for three days following surgery if instructed by Dr. Coniglio. Keep the unused portion of Ciprodex for future use. If your child develops an ear infection at a later date you may notice drainage or fluid or blood in the child's ear. If this happens, call the office and we will give you instructions. The ear infection is usually not painful for the child and does not constitute an emergency that cannot wait until office hours.
Wound Care	Fluid or bleeding from the ear following surgery is normal. If drainage is excessive, place a small amount of cotton in the ear. A small piece of cotton covered with a thin layer of Vaseline or ear plugs in the ear canal during bathing or showering can be used for ear protection.
Please Call for	<ul style="list-style-type: none">• Fever above 102°F• Persistent bleeding or drainage• Pain unrelieved by measures described above
Appointments	Please schedule a follow-up appointment four weeks after surgery. Subsequent appointments will be every 6 months for tube placement check.
Questions?	If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.
Emergencies	If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.