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## Placement of Pressure Equalization Tubes

### Procedure

The placement of pressure equalization tubes is performed for frequent ear infections, fluid in the middle ear space causing pain/fever/hearing loss, a severe ear infection unresponsive to antibiotics, and occasionally other reasons.

The operation usually takes only 10 minutes, is an outpatient procedure, and is performed with the child under anesthesia that is delivered through a mask.

The procedure involves examining the ear with a microscope and cleaning wax from the ear canal. A small incision is made on the ear drum. fluid or pus is suctioned out of the middle ear space, and a small tube is inserted into the ear drum.

### Post-operative period

The placement of tubes is not a painful procedure and your child should feel normal later the same day. Usually only Children's Tylenol is needed for discomfort. Ear drops are usually given after the surgery – three drops in each ear three times a day for five days (your surgeon may change this dosage). Water precautions are recommended for the first week after surgery. A cotton ball smeared with Vaseline or swim plugs can be used to keep the ears dry. For recommendations regarding long term water precautions, ask your surgeon.

### What to expect after surgery

Placement of tubes reduces the frequency and severity of ear infections – IT DOES NOT PREVENT THEM FROM EVER RECURRING. If your child develops an infection when the tubes are in place, drainage may be seen in the ear canal. This may occur if water enters the middle ear space or your child develops an upper respiratory tract infection. Ear drainage requires treatment with antibiotic drops and occasionally, oral antibiotics. Although tubes remain in place for variable amounts of time, tubes usually come out on their own after 9 to 12 months. Occasionally, tubes may have to be removed if they stay in for too long or if they cause recurrent drainage.

### Risks/Complications

Very few complications – by and large, it is an extremely safe and beneficial procedure.

Hearing loss – extremely rare.

Bleeding - extremely rare.

Early extrusion of tubes – this is rare and usually requires replacement of tubes.

Persistent perforation after extrusion of tubes – this is rare and may require surgical repair.