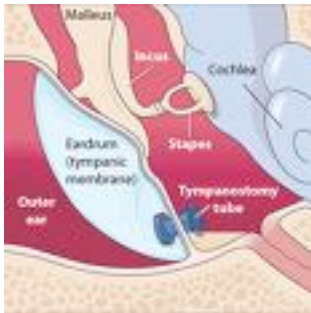


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Myringotomy and tube placement, the procedure

In pediatric patients, myringotomy and tube placement is performed in the operating room under general anesthesia. If done as an isolated procedure, mask anesthesia is performed. An endotracheal tube is not used nor is an IV typically placed.

A microscope is used to visualize the tympanic membrane of one ear. An anterior incision is made and the tube placed. Ciprodex otic drops are then placed into the ear canal.



The same is then performed for the opposite ear.

After placement of the tubes, the patient is then awakened. After a short stay in the post anesthesia care unit (PACU), the patient returns to mom and dad/caregivers.

The procedure itself typically takes 4-5 minutes. Ciprodex otic drops are to be placed into the ear canals bilaterally for 3 days. 4-5 drops each ear twice each day for 3 days. If drainage persists, continue the drops.

Risks of surgery are minimal. The tubes will remain in the tympanic membrane anywhere from 4 months to more than 2 years, on average of 6-12 months. Water precautions are recommended in the bath and shower and in the ocean/lake. Swimming in a pool is allowed without water protection if the child does not dive deeper than 6-8 feet.

The tubes should ideally extrude on their own. Sometimes, the tubes may persist in the tympanic membrane for greater than 2 years. At the two-year anniversary, the decision will be made whether to allow the tubes to extrude on their own or to remove the tubes.