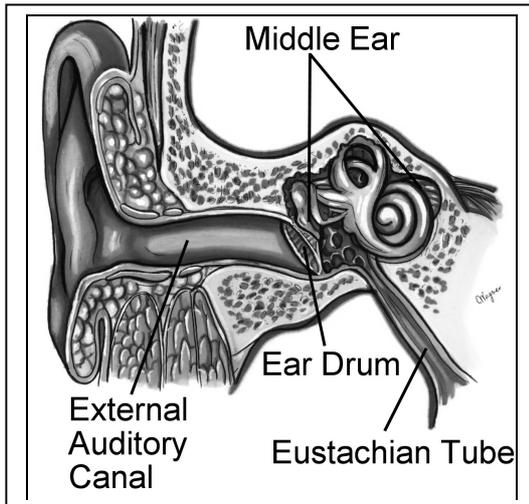


# Ventilation Tubes (Grommets)



## WHAT ARE GROMMETS?

Grommets are tiny metal or plastic tubes surgically inserted into the eardrum to drain fluid and equalize pressure between the middle and outer ear.

Ear tubes are used to treat recurrent middle ear infections that don't respond to antibiotics or for middle ear fluid that persists beyond 3 months or interferes with hearing/ speech development. Grommets usually reduce ear infections (by about 2/3), improve hearing

immediately and result in better sleep (for parents and child!). Infections may still occur (although 67% less often) with grommets but will settle faster and respond to drops (often don't require tablet antibiotics). Children with grommets spend on average 120 days/ year less with fluid in their middle ears while the tubes are in compared to kids that do not have tubes.

Tubes usually last between 6-12 months and grow out of the ear drum and the drain hole heals spontaneously.

## SIGNS OF REDUCED HEARING IN CHILDREN

- Your child appears inattentive and does not seem to hear instructions.
- Your child may shout or speak loudly.
- Your child may be slower in developing language skills.

## DIAGNOSIS ( HOW DO YOU TELL WHAT IS WRONG)

Your doctor can determine if there is persistent fluid by examining the eardrum with an otoscope. This is an instrument used to look inside the ear. Sometimes a special test called a "tympanogram" is used to identify fluid in the middle ear. Hearing is assessed with a test called an audiogram.

## RISKS OF SURGERY

Usually the grommet tubes are safe and cause no trouble. Possible risks of grommet tubes are:

1. Drainage from the ear (10%)- usually can be treated with topical antibiotic drops (ciproxin 3 drops 3x/day for 1 week)
2. The grommet tube not falling out and requiring removal (5%)
3. The drain hole not healing and requiring repair (2%)
4. Scarring on the ear drum afterwards (15%) usually does not affect hearing
5. Serious complications are fortunately rare and include such problems as hearing loss, ringing in the ears (tinnitus), skin cyst formation (cholesteotoma), bleeding or reactions to general anesthetic agents.

## PREPARING FOR SURGERY

Do not let your child eat or drink after midnight before the surgery.

Your child can usually return to school the day after surgery.

After surgery, you child will usually be given drops (ciproxin) – use 3 drops in each ear twice a day per day for three days (or longer if directed)

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There is normally drainage from the ears (which may appear yellow, green or bloody) for up to 1 week after surgery. If it persists, contact Dr Iseli's office.

## CARING FOR VENTILATION TUBES

Because the grommet tube opens a tiny hole between the outer and the middle ear, water can accidentally travel into the middle ear from the outside (soap makes this more likely). Children with tubes ideally should not get a large volume of water into their ears- especially if the ears are draining. Generally earplugs do not need to be worn in the bath and shower or in salt water, unless you are concerned about the water supply being contaminated. In chlorine water it is important to occlude the ears. This can be done with ear plugs, Blu Tack, or with a swim band

If the child has ear infections (drainage, pain, fevers) the initial treatment should be antibiotic ear drops (ciproxin) and tablet antibiotics only if the infection is not improving with drops. You will be advised by Dr Iseli or your GP when the tubes are out and eardrum healed (usually in 6-18 months).

## REMOVING PE TUBES

The most commonly used type of PE tube stays in the eardrum for up to one year. They usually fall out naturally into the outer ear canal as the eardrum seals itself shut. The tube is then easily removed by a caregiver or it falls out on its own without surgery.



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