

DRS. GEHRIS, JORDAN, DAY & ASSOCIATES, LLC

Head and Neck Surgery . Ear, Nose and Throat Surgery . Facial Plastic & Reconstructive Surgery

Otolaryngology – Head and Neck Surgery

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INSTRUCTIONS FOLLOWING “PE” TUBE INSERTION

“PE” tubes (pressure equalizing tubes, ventilating tubes) are inserted through the eardrum to let air into the middle ear. This prevents fluid build-up in the middle ear. They generally stay in the ear for 6 to 12 months. Then, they frequently fall out unobserved. When they are ready to fall out, the child may experience slight earache and a drop or two of blood may come out. However, if the symptoms are more severe, call the physician.

Traditionally, surgeons advised against getting any water in the ear(s), which had PE tube(s) in it. However, numerous large, well-controlled studies have failed to support the connection between getting water in the ear(s) and subsequent ear infections with PE tubes in place.

Some children with tubes report pain in the ear(s) when water gets into them. However, these children do not have an increased incidence of ear infection (occasional ear infections do occur even with tubes in, but the incidence is not higher after water gets in the ear). Children who suffer pain from water in the ears should wear earplugs for swimming or bathing. Otherwise, earplugs are no longer considered necessary for swimming or shampooing, showering or bathing.

Severe pain or pus draining from the ear must be evaluated by the physician at once.

Rarely, infection of the middle ear with a tube in place may occur. This is usually shown by drainage and, occasionally, bleeding. Call us for instructions if this occurs. Usually, drops and/or antibiotics are used; only in persistent cases does the tube need to be removed.

In less than 1% of cases the tube hole may be left behind when the tube falls out. This is no usually serious and just requires continued observation. It may close after a period of time, or may require surgical closure at a much later period of time.

In even fewer cases, the tube may fall in rather than out. If it seems to be promoting infection, pain, and/or hearing loss, it can be removed by myringotomy (an incision of the ear drum), just as it was to put in. If it causes no trouble, only observation is required.

The tubes are not the perfect answer to all ear problems, but they are generally more beneficial than permitting persistent fluid or infection.

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