

▼ Post Surgery Information

Another benefit of tubes is that newer antibiotic ear drops can now be used for the onset of acute ear infection in children with patent (open) tubes prior to initiating oral antibiotics.

▼ Possible Complications

An anesthesia care provider will carefully monitor your child throughout the procedure. The risks of anesthesia are very small. You are encouraged to discuss any concerns you have with the anesthesia physician prior to surgery.

There is usually very little pain after the procedure. A few children may develop ear infections despite the placement of tubes. You should be able to recognize the infection at home. If infection does occur it is usually not associated with pain or fever. In addition, the tubes allow the fluid to drain from the ear and they allow for the application of antibiotic ear drops directly to the site of infection.

Occasionally it is necessary to repair the hole after the tube falls out. In very rare instances a permanent hole may occur. In a few cases, children return for a second set of tubes before they outgrow the tendency to develop ear infections.

▼ Additional Information

See back panel for information on our locations, physicians and services, or visit:

VirginiaENT.com

For additional information on otitis media, please visit:
ENTnet.org

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This brochure is for your information regarding surgery, but should not be considered medical advice except in conjunction with a consultation with your child's physician.

▼ Locations

- **West End Office**
3450 Mayland Court • Richmond, VA 23233
- **Midlothian Center**
161 Wadsworth Drive • North Chesterfield, VA 23236
- **Hanover Office**
7485 Right Flank Rd., Ste. 210 • Mechanicsville, VA 23116
- **Colonial Heights Office**
4700 Puddledock Rd., Ste. 100 • Prince George, VA 23875
- **Virginia Ear, Nose & Throat Surgery Center**
402 Westhampton Station • Richmond, VA 23226

▼ Physicians

- Michael R. Perlman, M.D., F.A.C.S.
- Nicholas G. Tarasidis, M.D., F.A.C.S.
- James C. Tyson, M.D.
- Robert J. Brager, M.D.
- Jin S. Lim, M.D.
- Alan J. Burke, M.D.
- Thomas C. Robertson, M.D.
- Peter L. Rigby, M.D.
- Daniel J. Van Himbergen, M.D.
- David R. Salley, M.D.
- James T. May, IV, M.D., F.A.C.S.
- George S. Tarasidis, M.D.

▼ Services

- Pediatric & Adult Otolaryngology
- Otology & Neurotology
- Sinus & Nasal Treatment
- Voice, Speech & Swallowing Disorders
- Sleep Apnea & Snoring Treatment
- Allergy Testing & Treatment
- Facial Plastic & Reconstructive Surgery
- Medical Skin Solutions
- Total Hearing Care

For more information on our services, locations or patient forms please visit:

VirginiaENT.com

For an appointment please call:

804.484.3700

Middle Ear Infections Otitis Media



Who should you call when you
need an ENT?

THE CHOICE IS CLEAR



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EAR NOSE & THROAT**
The Choice is Clear

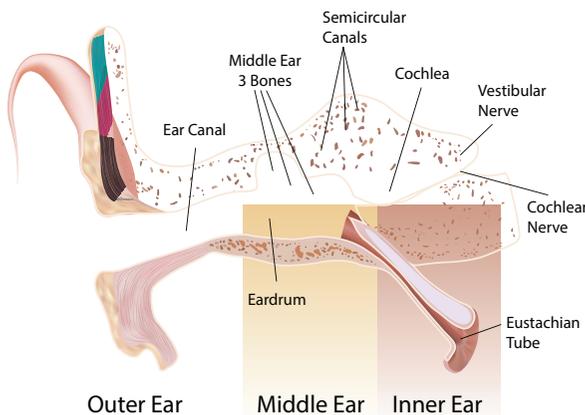
▼ What is Otitis Media?

Otitis media is an infection involving the middle ear space, which is located behind the eardrum. The middle ear contains the small bones known as the hammer, anvil and stirrup that conduct sound by vibration. The middle ear is normally filled with air which enters through the Eustachian tube. However, the middle ear can accumulate fluid which prevents proper movement of the eardrum and small bones..This will cause a temporary hearing loss and may also cause an infection resulting in fever, pain and irritability. It is more common for young children to collect fluid in the middle ear because the Eustachian tube is much shorter and more horizontal than it is in adults. The Eustachian tube can also swell shut as a result of a cold, allergy, or exposure to tobacco smoke.

About 62% of children in developed countries will have their first episode of otitis media by the age of one, more than 80% by their third birthday, and nearly 100% will have at least one episode by age five, according to The American Academy of Otolaryngology – Head & Neck Surgery.

Parents and pediatricians should be aware of the significant impact chronic ear infections have on hearing. The average hearing loss in infected ears is 24 decibels, equivalent to wearing ear plugs. Thicker fluid can cause a loss of up to 45 decibels – the range of conversational speech. With this degree of loss, your child will hear muffled sounds and will misunderstand speech. If untreated, the ability to consistently understand speech may be lost, leading to a delay in learning important speech and language skills.

▼ Anatomy of the Ear



▼ Treatment Options

The first line of treatment is a properly selected antibiotic that will speed recovery and shorten the duration of hearing loss, pain and fever. This is typically a safe and effective treatment for acute infections. Occasionally a daily antibiotic treatment through the cold and flu season may be prescribed to prevent recurrent infections. The downside to antibiotic treatment is it becomes less effective with frequent use because the bacteria develop resistance to the medication. Children may also develop allergies or other side effects to antibiotics, thereby limiting the choices of medication available in the future.



For children who have had several infections, persistent fluid for more than three months, or who have severe infections immune to antibiotic treatment, a relatively painless outpatient procedure called myringotomy and tube placement (commonly called ear tubes) can be performed by an ear, nose and throat (ENT) specialist. Even though it is possible for your child to develop ear infections, the tubes allow the fluid to drain out of the ear, instead of collecting in the middle ear and causing hearing loss.

If surgery is recommended, and you decide to proceed, we will help you schedule the surgery and assist you with any necessary insurance pre-authorization. The surgery will be performed at the Virginia, Ear, Nose & Throat Surgery Center (a private AAAHC-accredited center developed to minimize the stress associated with traditional surgery settings) or as an outpatient procedure at a local hospital.

▼ Ear Tube Placement and Recovery

Once your child's surgery is scheduled, you will be given pre-operative and post-operative instructions. These instructions may also be found on our website. The night before surgery, your child should not eat or drink anything after midnight. On the morning of surgery, the anesthesia care team will gently put your child to sleep. The surgeon will make a small incision through the eardrum and drain the fluid. He will then insert a tube to prevent the hole from closing.

Your child will be ready to go home about 30 minutes after surgery. He/she may be hungry and drowsy at first. Fluids will be given before discharge. Continue fluids at home, but do not try to feed your child until he/she is fully awake. The effects of anesthesia will wear off quickly, often after a short nap. Children normally resume activity after the effects of anesthesia are gone. Ear drops will be provided following your child's surgery which you will need to administer for two days. Infected mucous or small amounts of blood draining from the ear after surgery is normal. If there is continued or recurrent drainage, you may wipe it away with the corner of a tissue, and continue to use the ear drops for several more days. The surgeon should be contacted if drainage persists for more than a week.

Your child should be examined four weeks after surgery, and every six months thereafter, as long as the tubes are in place. The tubes will generally fall out in six months to two years. You probably will not see them. Sometimes they stick to the wax in the outer ear canal, and are removed by the surgeon during a scheduled follow-up visit. The eardrums usually heal without further treatment.

Earplugs are not necessary for splashing or showering, or for swimming near the surface in chlorinated pool water. To prevent ear infection, do not submerge your child's ears in non-chlorinated water, such as river or lake water. Soft silicone earplugs may be purchased at most pharmacies if needed. If preferred, custom earplugs can be fitted in our office.

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