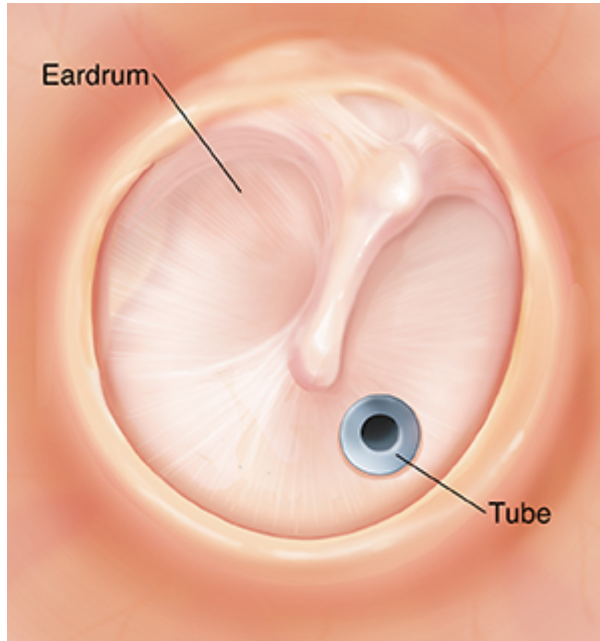


Tympanostomy (Ear Tube)

Tympanostomy is a type of ear surgery. It puts a tiny tube into the eardrum. The tube drains fluid buildup and balances air pressure on both sides of the eardrum. This procedure is not used as often as it once was. But it may be used to treat severe or chronic ear infections, speech delays after multiple ear infections, or fluid buildup that reduces hearing.



Before the procedure

- Unless you're told otherwise, stop giving your child food and drink at least 4 hours before the scheduled arrival time. Check the exact time with the surgeon's office.
- Your child will have a physical exam. Their temperature will be taken to rule out any active infection.
- When you arrive, your child may be given medicine to help them relax.
- You will need to sign a consent form after the health care provider has talked with you about the procedure. Make sure the provider has answered all of your questions before you sign the form.

During the procedure

- Your child will likely get general anesthesia. This means they will be asleep and won't feel pain during the surgery. In some cases, the procedure may be done in the office using local anesthesia. Your health care provider will discuss the best option for your child.
- The surgeon will make a small slit in the eardrum.
- The surgeon will use a suction tube to gently remove fluid buildup through the slit in the eardrum. In some cases, a fluid sample may be sent to a lab to see if the infection is still active.

- The surgeon will put a tiny tube into the same slit in the eardrum. The shape of the tube helps keep it in place.

After the procedure

- Your child will wake up within 30 minutes or so. Don't be too alarmed if they are upset and cry or scream when they first wake up. The anesthesia can cause this.
- Once your child is calm enough to sit up and drink fluids, they can go home.
- At home, be sure to give your child any ear drops or other medicine as directed by the health care provider.
- Go to all follow-up appointments.

When to call your child's health care provider

Call your child's health care provider if :

- The ear bleeds heavily or keeps bleeding after the first 48 hours.
- Sticky or discolored fluid drains out of the ear after the first 48 hours.
- Your child has a fever (see Fever and children, below).
- Your child has had a seizure caused by the fever.
- Your child is dizzy, confused, extremely drowsy, or has a change in mental state.

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds of digital thermometers. They include ones for the mouth, ear, forehead, rectum, or armpit. Ear temperatures aren't accurate before 6 months of age. Don't take an oral temperature until your child is at least 4 years old.

Use a rectal thermometer with care. It may accidentally poke a hole in the rectum. It may pass on germs from the stool. Follow the product directions for correct use. If you don't feel OK using a rectal thermometer, use another type. When you talk to your child's health care provider, tell them which type you used.

Below are guidelines to know if your child has a fever. Your child's provider may give you different numbers for your child.

A baby under 3 months old:

- First, ask your child's provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

A child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher

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- Armpit: 101°F (38.3°C) or higher

Call the health care provider in these cases:

- Repeated temperature of 104°F (40°C) or higher
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older