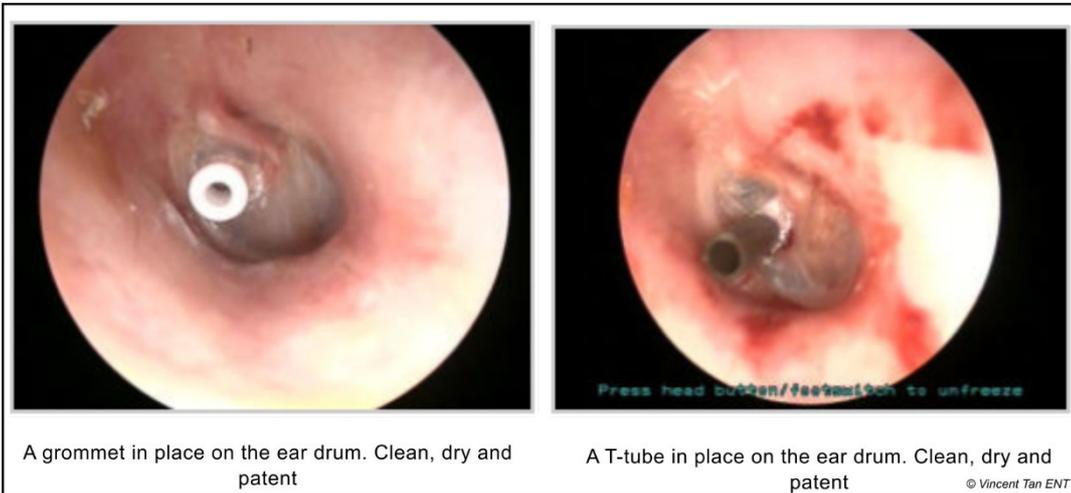


POST-OPERATIVE CARE FOLLOWING THE INSERTION OF MIDDLE EAR VENTILATION TUBES (GROMMETS):



What will I experience or expect following the procedure?

Some ear discharge, which may be slightly bloodstained discharge from your child's ear is an expected possibility. It can simply be wiped away with a cotton bud.

Slight early discomfort may be present, though rare

Hearing will improve significantly soon after the surgery

Please contact your surgeon if:

- body temperature rises
- ear drainage increases (odour or unusual bleeding)
- persistent ear discharge beyond a week
- ear pain increases or become intolerable
- headache, irritability, lack of appetite

Postoperative care:

Painkillers or anti-inflammatory eg paracetamol or ibuprofen may be given (usually pain is uncommon).

Antibiotics ear drops may be given, depending on the amount and nature of the fluid seen in the middle ear at the time of surgery. For technique of ear drops application, please refer here:

You may clean the outer ear gently with cotton wool or a soft cloth. DO NOT use a cotton bud in the ear canal.

Your child may comment of an abnormal taste in the mouth. This is quite normal and simply means the drops has moved down the Eustachian tube into the throat. There is no adverse effect to this and the child just simply needs to be reassured.

A child can return to daycare, preschool or school on the day after surgery. They can play sport but swimming should be discouraged for a week after surgery.

There are generally no restrictions on a child's activities with grommets in place. Contact sports and swimming are permitted about 7 days to a week after grommet insertion.

It is important to protect the ears from water. The following steps may help your child to keep their head out of the water:
Gently use a cotton ball to plug the outer ear canal and smear some vaseline over the small cotton ball

Children are allowed to swim (on the surface only including jumping in the pool) after grommets have been in place for one week but they do have to protect the ears from water while grommets are in. If they must really swim, it is better that 2 layers of protection are used. Firstly an earplug and secondly a swimming cap or swimming headband. Silicone earplugs purchased at the pharmacy can be obtained easily but a better options are either a pro-plug or a custom moulded earplug. However, swimming underwater increases risk of water entering the middle ear (the space behind the eardrum) through the grommet to cause ear infection.

Diving is strictly forbidden as there is a high chance that water may enter the middle ear under pressure during diving

Flying is not a problem. In fact, if you are planning to take a flight, grommets will actually help as they will perform the pressure equalising for the ear, even the Eustachian tube is not functioning well.

Please be mindful of infections symptoms and infection prevention at all times after the operation.. Infections can often occur after a cold, exposure to soapy water or swimming. Please seek early treatment if you have cough and cold or ear discharge.

Please do not use any types of ear drops but only those prescribed by the doctors who know your ear condition. Some ear drops are not safe in the presence of a hole (an artificial one in the form of your grommet) in your ear drum.

Ear irrigation/syringing (for outpatient treatment of ear wax in primary care setting) is not recommended if you have a grommet. The grommet creates a passage in your middle ear which allows water to enter during syringing.

Your first post-operative appointment following grommet insertion will usually be about 1-2 weeks later (may differ between patients). This will be discussed and confirmed with you on discharge.

Hearing assessment following grommet insertion may be necessary depending on his improvement and current symptoms.

Outcomes:

Once the ear drum, middle ear and the Eustachian tube has recovered, the grommet will discharge or extrude from the eardrum. The average time for this to occur is approximately 12 months.

If the grommets have discharged from the eardrums then occasionally you may see a grommet in the outer part of the ear canal. Most often, it is hardly noticeable but your surgeon will be able to inform you on this outcome on your follow-up visits.

In most cases the eardrum will return to normal.

Occasionally small area of whitish scarring (tympanosclerosis) may be seen over the area of previous grommet site. In most cases this will not have any effect on his hearing or the health of the eardrum.

Possible complications:

Infection: It is possible to develop an ear infection while grommets are in place. In this instance the patient may develop an earache and/or a discharge from the ear. **Treatment:** It is best to return for an early reassessment of the ear where it will be cleaned and appropriate antibiotic eardrops and possibly oral antibiotics will be commenced. In general with antibiotic eardrops ear infections with grommets tend to settle quite rapidly.

Grommet not extruded: There is a small possibility that the grommet may not extrude. In this case, a manual removal with a possible patching of the hole in the eardrum may need to be performed

